

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59186

FILED
Jan 11, 2007
Secretary of State

Entity Name: HULL'S WOOD PRODUCTS, INC.

Current Principal Place of Business:

1009-11 SOUTH 14TH STREET
PO BOX 490998
LEESBURG, FL 34749 US

New Principal Place of Business:

1009-11 SOUTH 14TH STREET
LEESBURG, FL 34748 US

Current Mailing Address:

1009-11 SOUTH 14TH STREET
PO BOX 490998
LEESBURG, FL 34749 US

New Mailing Address:

PO BOX 490998
LEESBURG, FL 34749 US

FEI Number: 59-3004055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROE, JAMES
1009-11 SOUTH 14TH STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ROE, JAMES,
Address: 1009-11 S. 14TH ST.
City-St-Zip: LEESBURG, FL

Title: V () Delete
Name: ROE, SAMUEL
Address: 1009-11 S. 14TH ST.
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL ROE

V

01/11/2007

Electronic Signature of Signing Officer or Director

Date