

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L59186

1. Entity Name
HULL'S WOOD PRODUCTS, INC.



Principal Place of Business
1009-11 SOUTH 14TH STREET
LEESBURG, FL 34748 US

Mailing Address
PO BOX 490998
LEESBURG, FL 34749 US

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3004055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROE, JAMES 1009-11 S. 14TH ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROE, SAMUEL 1009-11 S. 14TH ST. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/27/08-80003-006 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel Roe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/08
Date

Daytime Phone #