


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 A
Secretary of State

DOCUMENT # P01000020936	
1. Entity Name CHOCTAWHACHEE BAY PILING AND DOCK INC	

Principal Place of Business 144 HORSESHOE LANE FREEPORT, FL 32439	Mailing Address 144 HORSESHOE LANE FREEPORT, FL 32439
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3702826	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

CUCHENS, KAREN L
144 HORSESHOE LANE
FREEPORT, FL 32439

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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 _____ (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000804497 02/05/08-80072-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CUCHENS, JR., ROSIER E 144 HORSESHOE LANE FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST CUCHENS, KAREN 144 HORSESHOE LANE FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, BRANDON 1328 BAY GROVE ROAD FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Karen Cuchens (KAREN CUCHENS) 1/28/08 850-580-6077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/28/08 Daytime Phone: 850-580-6077