


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90039 037 ***150.00

DOCUMENT # P01000034320	
1. Entity Name HULETT CARPENTRY, INC.	

Principal Place of Business 12305 SE 115TH AVENUE BELLEVUE, FL 34420	Mailing Address 12305 SE 115TH AVENUE BELLEVUE, FL 34420
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2. Principal Place of Business - No P.O. Box # 11530 SE 123 ST.	3. Mailing Address 11530 SE 123 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bellevue FL.	City & State Bellevue FL.
Zip 34420	Zip 34420
Country USA	Country USA

01292008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3711973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HULETT, TOBIN R 12305 SE 115TH AVENUE BELLEVUE, FL 34420	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Tobin R. Hulett Tobin R. Hulett President 1-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULETT, TOBIN R 12305 SE 115TH AVENUE BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULETT, RONALD H 12305 SE 115TH AVENUE BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tobin R. Hulett Tobin R. Hulett 1-30-08 352-817-3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #