

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000076246

1. Entity Name  
DON MCDANIEL CARPENTRY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 14 PM 4:07

Principal Place of Business  
9225 BARTLETT LANE  
TALLAHASSEE, FL 32305

Mailing Address  
~~9225 BARTLETT LANE~~  
~~TALLAHASSEE, FL 32305~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Woodville, FL

Zip

Country

Zip

Country

32362

04282008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3736137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, DON  
9225 BARTLETT AVE.  
TALLAHASSEE, FL 32305

9225 Bartlett Lane  
Tallahassee, FL 32305

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

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MCDANIEL, DON	9225 BARTLETT LANE	TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
		P.O. Box 768	Woodville, FL	<input type="checkbox"/> Delete
			32362	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Don McDaniel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08  
Date

Daytime Phone #