

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
PO Box 768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-P CR2E034 (12/06)

City & State

City & State
Woodville, FL

4. FEI Number
59-3736137

Applied For
 Not Applicable

Zip Country

Zip Country
32362

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 _____ (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 **P** Delete
NAME **MCDANIEL, DON**
STREET ADDRESS ~~9225 BARTLETT LANE~~ **P.O. Box 768**
CITY-ST-ZIP ~~TALLAHASSEE, FL 32305~~ **Woodville, FL 32362**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **500126157095**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **04728708--01004--009**

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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**

Date: **4/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #