


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90062 021 \*\*\*150.00

<b>DOCUMENT # P01000111937</b>					
<b>1. Entity Name</b> CORBINEL, INC.					
<b>Principal Place of Business</b> 11620 S. COUNTY ROAD 39 LITHIA FL 33547			<b>Mailing Address</b> <b>PO BOX 675</b> <del>11620 S. COUNTY ROAD 39</del> LITHIA FL 33547		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <b>P.O. Box 675</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>LITHIA, FL</b>		<b>4. FEI Number</b> <b>26-0003612</b>	
Zip		Country		City <b>33547</b> <b>Hillsboro</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORNELIUS, DWIGHT J</b> <b>11620 SOUTH CR 39</b> <b>LITHIA FL 33547</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORNELIUS, DWIGHT J 11620 SOUTH CR 39 LITHIA FL 33547	<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	VTD CORNELIUS, BARBARA K 11620 SOUTH CR 39 LITHIA FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					