2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AM Secretary of State

DOCUMENT # P02000028888 1. Entity Name HALES FINE WOODWORKING, INC.						
4705 N LOIS AVE 470 B B		Mailing Address 4705 N LOIS AVE B TAMPA, FL 33614-7046				
5. 6. 6.	O NOT WRITE	CF	01142008 No Chg-P CR2E034 (11/05)			
				4. FEI Number 01-06189	32	Applied For Not Applicable
				5. Certificate of S	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
HALES, STEVEN T 4705 N LOIS AVE TAMPA, FL 33614			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and		red office or registe			am familiar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DI PD HALES, STEVEN T 4705 N LOIS AVE TAMPA, FL 336147046	RECTORS				782 62-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					IOT WRI	I
NAME STREET ADDRESS				, , , , , , , , ,		/-

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 given a state of the corporation of the corpor

CICNIATUDE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED DR. DANNTEU NAME OF SIGNING OFFICER OR DIRECTOR

STEVE HACEL PRESOR

1-14.08

813-877-5100

Daylime Phone #