


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 034 ***150.00

DOCUMENT # P03000119788

1. Entity Name
TED PALIN CARPENTRY, INC.



Principal Place of Business Mailing Address

46 LILLIAN SPRINGS RD. 46 LILLIAN SPRINGS RD.
 QUINCY, FL 32351 US QUINCY, FL 32351 US

40024122



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1193172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINSON, ALEXANDER L
 121 N. MADISON ST.
 QUINCY, FL 32351

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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 NAME STREET ADDRESS CITY-ST-ZIP	P PALIN, THEODORE J 46 LILLIAN SPRINGS RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALIN, THEODORE J 46 LILLIAN SPRINGS RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALIN, THEODORE J 46 LILLIAN SPRINGS ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, JOHN RT BOX 232A QUINCY FL 32351 DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X *Theodore J. Palin* 2/16/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #