## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P07122 1. Entity Name CARBINE CONSTRUCTION CO., INC. Principal Place of Business Mailing Address, 612 THOMPSON STREET P.O. DRAWER B FLORENCE, AL 35631 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARBINE, EUGENE R

#701E

16281 PERDIDO KEY DR

PENSACOLA, FL 32507

FILED Feb 02, 2007 08:00 AM Secretary of State



01172007	No Chg-P	CR2E034 (11/05)		
4. FEI Numbe	Ť	Applied For		
63-0644	1214	Not Applicab		

5. Certificate of Status Desired S8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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	il applicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		<del></del>	<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARBINE, EUGENE R. 16281 PERDIDO KEY DR, #701E PENSACOLA, FL 32507				000000617399 02/07/07-80074-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,				UZ/U(/U(-800(4-002 130.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME CARBINE, RUSSELL L. 111 STONEYCREEK DR			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERKINS, CHERYL D. 459 BETSY ROSS LANE FLORENCE, AL		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·				

12. I hereby certify that the Information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

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Russell L.Carbine 01-19-07

256-766-9210

Daytime Phone #