


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F06067 1. Entity Name FAULKNER & SONS, INC.	
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Principal Place of Business 12570 ROSELAND RD. P.O. BOX 781437 SEBASTIAN, FL 32978	Mailing Address 12570 ROSELAND RD. P.O. BOX 781437 SEBASTIAN, FL 32978
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02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2059528	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

**FAULKNER, GARY A
12570 ROSELAND RD.
SEBASTIAN, FL 32958**

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 _____ (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	DP FAULKNER, GARY A 12570 ROSELAND RD. SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAULKNER, TRACY L. 12570 ROSELAND RD. SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAULKNER, ALLEN H 333 SW ORANGE AVE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FAULKNER, BRANDON A. 12570 ROSELAND RD. SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/08-00021-003 150.00

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: *Tracy L. Faulkner, Secretary*

2/28/08