

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M91781

**FILED**  
**Feb 27, 2007**  
**Secretary of State**

**Entity Name:** DESIGNERS CHOICE CABINETRY, INC.

**Current Principal Place of Business:**

285 BARNES BLVD.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

1940 MURRELL ROAD  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

PO BOX 560659  
ROCKLEDGE, FL 32956

**New Mailing Address:**

1940 MURRELL ROAD  
ROCKLEDGE, FL 32955

FEI Number: 59-2900621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURFIN, JAMES T  
285 BARNES BLVD  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

MURFIN, JAMES T  
1940 MURRELL ROAD  
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: JAMES T. MURFIN

02/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MURFIN, JAMES  
Address: 285 BARNES BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPTD ( ) Delete  
Name: KOCOL, THOMAS G  
Address: 285 BARNES BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MURFIN, JAMES T  
Address: 1940 MURRELL ROAD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPTD (X) Change ( ) Addition  
Name: KOCOL, THOMAS G  
Address: 1940 MURRELL ROAD  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. MURFIN

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02/27/2007

Electronic Signature of Signing Officer or Director

Date