

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000117152

FILED
Sep 20, 2005
Secretary of State

Entity Name: MERLIN/CABINET/INSTALLATIONS/INC

Current Principal Place of Business:

2232 COLONY DRIVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2232 COLONY DRIVE
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 14-1898297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, RICHARD W
2232 COLONY DRIVE
N/A
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLSON, RICHARD W
Address: 2232 COLONY DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP () Delete
Name: CARLSON, RICHARD W
Address: 2232 COLONY DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: SEC () Delete
Name: CARLSON, RICHARD W
Address: 2232 COLONY DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: TRES () Delete
Name: CARLSON, RICHARD W
Address: 2232 COLONY DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FORE, MAUREEN
Address: 2232 COLONY DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD WALTER CARLSON

P

09/20/2005

Electronic Signature of Signing Officer or Director

Date