2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013138

Entity Name: JONES CABINETS, INC.

Name:

Address: City-St-Zip: JONES, MARY T

358 BUCKRIDGE ROAD

WEWAHITCHKA, FL 32465

FILED Apr 27, 2009 Secretary of State

Littly Nai	ile. JOINE	3 CABINETS, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	RIDGE RO CHKA, FL							
Current Mailing Address:				New Mailing Address:				
	RIDGE RO CHKA, FL							
FEI Number:	: 20-0607415	FEI Number Ap	plied For()	FEI Number Not Appl	icable ()	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
358 BUCK WEWAHIT The above in the State	of Florida.	AD 32465 US ity submits this stat	ement for the po	urpose of changing i	ts registere	ed office or registered agent	t, or both,	
SIGNATURE: Electronic Signature of Registered Age				nt Date				
Election Car	npaign Finan	icing Trust Fund Cont	ribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	358 BUCKF	() Delete OODROW A JR. RIDGE ROAD CHKA, FL 32465		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	359 MACE	() Delete DODROW A MARTIN ROAD CHKA, FL 32465		Title: Name: Address: City-St-Zip:	293 BUCKF	(X) Change () Addition DODROW A RIDGE ROAD CHKA, FL 32465		
Title:	SEC	() Delete		Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WOODROW A. JONES, JR. P 04/27/2009