2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P04000114396

Entity Name: U.S. CABINETS, INC.

Current Principal Place of Business:

182 SW EULER AVE
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5032
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

182 SW EULER AVE
PORT ST LUCIE, FL 34953 US

FEI Number: 20-1495376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, STEVE
182 SW EULER AVE
PORT ST LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARR, STEVE
Address: 182 SW EULER AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Delete
Name: MAUCH, MICHAEL
Address: 182 SW EULER AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Delete
Name: MARAGNI, RICK
Address: 8300 SANDSPORT BLVD K 304
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: HORNE, JOE
Address: 8300 SANDSPORT BLVD K304
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: WATSON, KEVIN
Address: 8300 SANSPORT BLVD K304
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MICHAEL P MAUCH D 04/09/2009
Electronic Signature of Signing Officer or Director Date