

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073322

Entity Name: PINNACLE CABINETS, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

5717 NORTH W STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

9900 NORTH PALAFOX STREET
UNIT B
PENSACOLA, FL 32534 US

Current Mailing Address:

2475 EAST NINE MILE ROAD
SUITE J
PENSACOLA, FL 32514 US

New Mailing Address:

9900 NORTH PALAFOX STREET
UNIT B
PENSACOLA, FL 32534 US

FEI Number: 56-2515993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SUE A
2134 OAKSTREAM AVENUE
PENSACOLA, FL 32526 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: PRES () Delete
Name: LONG, ROY V
Address: 2134 OAKSTREAM AVE
City-St-Zip: PENSACOLA, FL 32526 US

Title: VP () Delete
Name: KNOWLES, C J
Address: 302 JAMISON ST
City-St-Zip: PENSACOLA, FL 32507 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROY V LONG

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date