

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000066060

**FILED**  
**Aug 16, 2007**  
**Secretary of State**

**Entity Name:** COASTAL CABINETS & COUNTERTOPS, INC.

**Current Principal Place of Business:**

24 COMMERCIAL PKWY  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

1421 PARKER ROAD  
CONYERS, GA 30094

**New Mailing Address:**

2212 AIRPORT ROAD  
ALEXANDER CITY, AL 35010

**FEI Number:** 20-4863233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNARD, DAVID A P  
24 COMMERCIAL PKWY  
SANTA ROSA BEACH, FL 32459 US

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

MARTIN, WAYNE  
24 COMMERCIAL PKWY  
SANTA ROSA BEACH, FL 32459 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: WAYNE MARTIN

08/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERNARD, DAVID A P  
Address: 24 COMMERCIAL PARKWAY  
City-St-Zip: SANTA ROSA, FL 32459 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PST (X) Change ( ) Addition  
Name: WELLBORN, TIM  
Address: 24 COMMERCIAL PARKWAY  
City-St-Zip: SANTA ROSA, FL 32459 US

Title: VP ( ) Change (X) Addition  
Name: MARTIN, WAYNE  
Address: 24 COMMERCIAL PARKWAY  
City-St-Zip: SANTA ROSA, FL 32459 US

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: TIM WELLBORN

P

08/16/2007

Electronic Signature of Signing Officer or Director

Date