2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112245

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FILED Apr 25, 2005 Secretary of State

Entity Name: GULFCOAST CABINETS & TRIM, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
3050 KAA NORTH P	BE AVE ORT, FL 3428	8			
Current Mailing Address:		New Mailing Address	New Mailing Address:		
3050 KAA NORTH P	BE AVE ORT, FL 3428	8			
El Number	: 42-1641558	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
OLUTTIT.					
3050 KAÁ	DONALD BE AVE ORT, FL 3428	8 US			
3050 KAÁ NORTH P The above	BE AVE ORT, FL 3428		ourpose of changing its registered	d office or registered agent, or both,	
B050 KAÁ NORTH P The above n the Stat	BE AVE ORT, FL 3428 named entity : e of Florida.		ourpose of changing its registered	d office or registered agent, or both,	
3050 KAÁ NORTH P The above	BE AVE ORT, FL 3428 named entity : e of Florida. RE:			d office or registered agent, or both, Date	
3050 KAÁ NORTH P The above n the Stat SIGNATU	BE AVE ORT, FL 3428 named entity: of Florida. RE: Electror	submits this statement for the p			
8050 KAÁ NORTH P The above n the Stat SIGNATU	BE AVE ORT, FL 3428 named entity: of Florida. RE: Electror	submits this statement for the particles of Registered Age of Trust Fund Contribution ().	ent		
8050 KAÁ NORTH P The above n the Stat SIGNATU	BE AVE ORT, FL 3428 e named entity: e of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the partic Signature of Registered Age of Trust Fund Contribution (). TORS: Delete ALD VE	ent	Date	

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: KELLY LOUTTIT D 04/25/2005