## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 31, 2008 8:00 am DOCUMENT # 426496 **Secretary of State** 1. Entity Name 01-31-2008 90034 043 \*\*\*150.00 AMERICRAFT CABINETS, INC. Principal Place of Business Mailing Address 5450 FAIRCHILD RD CRESTYLEW FL 32536 5450 FAIRCHILD RD CRESTVIEW FL 32536 gipal Place of Business - No P.O. Box # Suite, Apt. #, etc CR2E034 (10/07) 1st MOORE Applied For 4. FEI Number 59-1480857 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MADDEN, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 1577 TEXAS PKWY. CRESTVIEW FL 32536 Zip Code 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or premed name of registered agent and the diapphoapse. INOTE: Registrated Agent agricultum requires when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete THAT TITLE Addition Change MADDEN, JOSEPH C. NAME NAME STREET ADDRESS 1577 TEXAS PKWY STREET ADDRESS CRESTVIEW FL 32536 CITY - ST- ZIP TITLE [] {|e|e|e TITLE ☐ Change Addition NAME MADDEN, CECILIA G NAME STREET ADDRESS STREET ADDRESS 1577 TEXAS PKWY Offy-ST-ZIP CRESTVIEW FL 32536 CHY-ST-ZIP TITLE De:ete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P 10716 De ete TITLE ☐ Change ☐ Addition MAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Change Delete TIFLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-2IP TITLE ☐ Deicte TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver outrustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with Alfother like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED