2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED **DOCUMENT # 436935** Feb 02, 2007 08:00 AM 1. Entity Namo **Secretary of State** KELLEY'S CABINET SUPPLY, INC. Principal Place of Business Mailing Address 1019 NORTH COMBEE 1019 NORTH COMBEE LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Number 59-1563450 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KELLEY, MARVIN Street Address (P.O. Box Number is Not Acceptable) 2311 VALRICO FORREST DR VALRICO FL 33594 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition TITLE Detete TITLE KELLEY, MARVIN NAME NAME U000000618701 2311 VALRICO FORREST STREET ADDRESS STREET ADDRESS 02/08/07-80039-023 150.00 VALRICO FL 33594 CITY - ST - ZIP CITY-SI-ZIP Change Addition TITLE ☐ Delete KELLEY, JAMES JR. NAME 2797 WILSON BLVD STREET ADDRESS STREET ADDRESS LAKELAND FL CHY-ST-ZIP CITY-SI-ZIP ☐ Change IIILE Delete HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change HHCNAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THEF Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY+SI-ZiP 12. I heroby 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 logal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Marrine Kelley 1/30/07