


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 031 ***150.00

DOCUMENT # 532480 1. Entity Name BALL CABINETS, INC.					
Principal Place of Business 14360 STRINGFELLOW ROAD BOKEELIA, FL 33922 US			Mailing Address BALL CABINET INC P.O. BOX 14 BOKEELIA, FL 33922 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 430090			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Big Pine Key FL		4. FEI Number 59-1733389	
Zip		Zip 33043		Country USA	
6. Name and Address of Current Registered Agent BALL, BRUCE M 5531 AVE C BOKEELIA, FL 33922				7. Name and Address of New Registered Agent Name Ball Bruce M. Street Address (P.O. Box Number is Not Acceptable) 29038 Marigold Dr City Big Pine Key FL Zip Code 33043	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. BALL, BRUCE M <input type="checkbox"/> Delete 5531 AVE C ; PO BOX 14 BOKEELIA, FL 33922		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BALL, BRUCE M. 29038 MARIGOLD DR. PO BOX 430090 Big Pine Key, FL 33043	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Bruce M. Ball</i></u> Bruce M. Ball			3/3/08 239 770 2029		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		