


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 684259 1. Entity Name T.J.S. HOUSE OF CABINETS, INC.	
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Principal Place of Business P.O. BOX 500292 MALABAR, FL 32950	Mailing Address P.O. BOX 500292 MALABAR, FL 32950
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01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2039001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEADLE, JAMES P. (ATTY)
5205 BABCOCK ST., N.E.
PALM BAY, FL

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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELLIZZE, SHEILA M 2126 TAPPANZEE LANE NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELLIZZE, JOSEPH M 2126 TAPPANZEE LANE NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOLIS, ANTHONY J, JR 5850 HERON LANDING DR VIERA, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOLIS, PATRICIA M 5850 HEORN LANDING DR VIERA, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000790430
01/23/08-80032-018 150.00

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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 Sheila M. Pellizze SHEILA M. PELLIZZE 1/18/08 321-723-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #