

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 684259

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: T.J'S. HOUSE OF CABINETS, INC.

## Current Principal Place of Business:

P.O. BOX 500292  
MALABAR, FL 32950

## New Principal Place of Business:

P. O. BOX 500292  
MALABAR, FL 32050

## Current Mailing Address:

P.O. BOX 500292  
MALABAR, FL 32950

## New Mailing Address:

FEI Number: 59-2039001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: PELLIZZE, SHEILA M,  
Address: 2126 TAPPANZEE LANE NE  
City-St-Zip: PALM BAY, FL 32905

Title: VD ( ) Delete  
Name: PELLIZZE, JOSEPH M,  
Address: 2126 TAPPANZEE LANE NE  
City-St-Zip: PALM BAY, FL 32905

Title: P ( ) Delete  
Name: NOLIS, ANTHONY J, JR,  
Address: 5850 HERON LANDING DR  
City-St-Zip: VIERA, FL 32955

Title: S ( ) Delete  
Name: NOLIS, PATRICIA M,  
Address: 5850 HEORN LANDING DR  
City-St-Zip: VIERA, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: NOLIS, PATRICIA M,  
Address: 5850 HERON LANDING DR  
City-St-Zip: VIERA, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHEILA M. PELLIZZE

TD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date