

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007164

Entity Name: CABINET SUPPLY, INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

21001 VAN BORN ROAD
TAYLOR, MI 48180

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT., 21001 VAN BORN ROAD
TAYLOR, MI 48180

New Mailing Address:

C/O TAX DEPARTMENT
21001 VAN BORN ROAD
TAYLOR, MI 48180

FEI Number: 38-3569433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DVS () Delete
Name: GARGARO, EUGENE A JR
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48180

Title: V () Delete
Name: MOLLIN, JERRY W
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48180

Title: CFOV () Delete
Name: HOFFMAN, ERIC
Address: 2339 BEVILLE RD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: PCEO () Delete
Name: DEMARIE, DONALD JR.
Address: 2339 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VAS () Delete
Name: PETERCA, RONALD
Address: 2339 BELVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DVT () Delete
Name: SZNEWAJS, JOHN G
Address: 21001 VAN BORN RD.
City-St-Zip: TAYLOR, MI 48180

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

Title: VAS (X) Change () Addition
Name: PETERCA, RONALD
Address: 2339 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY W. MOLLIN

VP

04/12/2007

Electronic Signature of Signing Officer or Director

Date