


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000001776 1. Entity Name WOODBURNE CABINETRY, INC.	
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Principal Place of Business 2136 MALLINCKRODT ST. LOUIS, MO 63107	Mailing Address 2136 MALLINCKRODT ST. LOUIS, MO 63107
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03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1337459	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BYRNE, TIMOTHY 2136 MALLINCKRODT ST. LOUIS, MO 63107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WISNIEWSKI, ROBERT 2136 MALLINCKRODT ST. LOUIS, MO 63107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISNIEWSKI, CATHERINE 2136 MALLINCKRODT ST. LOUIS, MO 63107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNEY, SEAN 2136 MALLINCKRODT ST. LOUIS, MO 63107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000085087  
 03/11/04-80033-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sean Carney - Sean Carney 3/5/04 314-621-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #