

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003906

Entity Name: LEGACY CABINETS, INC.

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

100 LEGACY BLVD  
EASTABOGA, AL 36260

## New Principal Place of Business:

## Current Mailing Address:

7000 CENTRAL PARKWAY  
SUITE 1515  
ATLANTA, GA 30328

## New Mailing Address:

100 LEGACY BLVD  
EASTABOGA, AL 36260

FEI Number: 63-1112070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 SOUTH PINE ISLAND  
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: EVP ( ) Delete  
Name: EDWARDS, GARY  
Address: 7000 CENTRAL PARKWAY, SUITE 1515  
City-St-Zip: ATLANTA, GA 30328 US

Title: DIR ( ) Delete  
Name: PATEK, PAUL  
Address: 7000 CENTRAL PARKWAY, SUITE 1515  
City-St-Zip: ATLANTA, GA 30328 US

Title: S ( ) Delete  
Name: DUNCAN, MIKE  
Address: 4307 ELYSIAN FIELDS  
City-St-Zip: MARSHALL, TX 75672 US

Title: VP ( ) Delete  
Name: THOMAS, CHRIS  
Address: 7000 CENTRAL PARKWAY, SUITE 1515  
City-St-Zip: ATLANTA, GA 30328 US

Title: PRES ( ) Delete  
Name: SUGGS, RODNEY  
Address: 100 LEGACY BLVD  
City-St-Zip: EASTABOGA, AL 36260 US

Title: CFO (X) Delete  
Name: STRATTON, KEN  
Address: 100 LEGACY BLVD  
City-St-Zip: EASTABOGA, AL 36260 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change ( ) Addition  
Name: PERRY, ED  
Address: 100 LEGACY BLVD  
City-St-Zip: EASTABOGA, AL 36260 US

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

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

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

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: CHRIS THOMAS

VP

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date