

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G75098

Entity Name: ABA CUSTOM CABINETS, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1202 POINSETTIA DRIVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1202 POINSETTIA DRIVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 59-2355549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORME, VERNON J
4067 ARTESA DR.
BOYNTON BEACH, FL 33436 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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ORME, VERNON J.
Address: 4067 ARTESA DR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: LOPEZ, DAVID M.
Address: 1360 SABAL LAKES RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD (X) Delete
Name: WIKLE, RICHARD KEITH
Address: 9023 PATRIZZA DR
City-St-Zip: LAKE WORTH, FL 33467

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:

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: VERNON ORME

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date