2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# H32986

Entity Name: ADAMS BROS. CABINETRY, INC.

Current Principal Place of Business:

% JOEL D. ADAMS
8079 GOLFCOURSE BLVD
PUNTA GORDA, FL 339822428

New Principal Place of Business:

Current Mailing Address:

% JOEL D. ADAMS
8079 GOLFCOURSE BLVD
PUNTA GORDA, FL 339822428

New Mailing Address:

FEI Number: 59-2479450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, JOEL D.
489 CICERO ST.
PORT CHARLOTTE, FL 33948 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: DPC ( ) Delete
Name: ADAMS, JOEL D.,
Address: 489 CICERO ST.
City-St-Zip: PORT CHARLOTTE, FL

Title: VST ( ) Delete
Name: ADAMS, ANN L.,
Address: 489 CICERO ST.
City-St-Zip: PORT CHARLOTTE, FL

Title: VP ( ) Delete
Name: ADAMS, DANIEL K
Address: 819 CALVERT AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP ( ) Delete
Name: ADAMS, ETHAN M
Address: 23495 LARK AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: BURGESS, MIKE
Address: 23355 DUCHESS AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

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: ETHAN M. ADAMS VP 01/16/2008
Electronic Signature of Signing Officer or Director Date