

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32986

Entity Name: ADAMS BROS. CABINETRY, INC.

FILED  
Feb 17, 2009  
Secretary of State

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

## 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: VP (X) Change ( ) Addition  
Name: ADAMS, ETHAN M  
Address: 9300 SW FT. WINDER STREET  
City-St-Zip: ARCADIA, FL 34269

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: MIKE BURGESS

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date