

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83355

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** CAMPBELL CABINETRY DESIGNS, INC.

**Current Principal Place of Business:**

1531 MAIN STREET  
SARASOTA, FL 34230

**New Principal Place of Business:**

1531 MAIN STREET  
SARASOTA, FL 34236

**Current Mailing Address:**

1531 MAIN STREET  
SARASOTA, FL 34230

**New Mailing Address:**

1531 MAIN STREET  
SARASOTA, FL 34236

**FEI Number:** 65-0428705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, SHELDON  
1531 MAIN STREET  
SARASOTA, FL 34230 US

**Name and Address of New Registered Agent:**

CAMPBELL, SHELDON  
1531 MAIN STREET  
SARASOTA, FL 34236 US

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:

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: CAMPBELL, ANNA  
Address: 1531 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: P  
Name: CAMPBELL, SHELDON  
Address: 1531 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: CAMPBELL, DARRIN  
Address: 1531 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: CAMPBELL, BRANDON  
Address: 1531 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: T  
Name: CAMPBELL, EMILY  
Address: 1531 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: SHELDON L CAMPBELL

P

01/04/2012

Electronic Signature of Signing Officer or Director

Date