



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # J03116 1. Entity Name BUILDERS CHOICE CABINETS, INC.			
Principal Place of Business 700 EDGE ST. FT WALTON BEACH, FL 32547		Mailing Address 700 EDGE STREET FT. WALTON BEACH, FL 32547 US	
DO NOT WRITE IN THIS SPACE			
		01152007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2683310	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, GLENN D. 700 EDGE ST FT WALTON BEACH, FL 32547		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		05/08/07-80107-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
VP WELLS, HOWARD R. 7 LAKE LORRAINE CIRCLE SHALIMAR, FL			
PRES HINES, GLENN D. 35 7TH AVE SHALIMAR, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Glenn Hines</u>		Glenn Hines 4/20/07 850-963-3921	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	