## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03116

SHALIMAR, FL

City-St-Zip:

Entity Name: BUILDERS CHOICE CABINETS, INC.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6210 NW 124TH PL 700 EDGE STREET GAINESVILLE, FL 32653 US FORT WALTON BEACH, FL 32547 US **Current Mailing Address: New Mailing Address:** 700 EDGE STREET 35 7TH AV FT. WALTON BEACH, FL 32547 US SHALIMAR, FL 32579 US FEI Number: 59-2683310 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINES, GLENN D. 700 EDGE ST FT WALTON BEACH, FL 32547 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WELLS, HOWARD R. Name: Name: 7 LAKE LORRAINE CIRCLE Address: Address: City-St-Zip: SHALIMAR, FL City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: HINES, GLENN D. Name: 35 7TH AVE Address: 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: GLENN D HINES PRES 04/27/2009