

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46937

Entity Name: UNIQUE CABINETRY, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

4180 116TH TERRACE N  
CLEARWATER, FL 33762 US

## New Principal Place of Business:

## Current Mailing Address:

4180 116TH TERRACE N  
CLEARWATER, FL 33762 US

## New Mailing Address:

FEI Number: 59-2749271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CULLEM, JOHN P., ESQ.  
856 2ND AVE N  
ST PETERSBURG, FL 33701 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: PD ( ) Delete  
Name: SAMS, KENTON A  
Address: 12400 LAGOON LANE  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP ( ) Delete  
Name: GRUBBS, HENRY  
Address: 5889 32ND STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: VP ( ) Delete  
Name: SZYMANIAK, PETER  
Address: 10907 87TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

## 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:

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: KENTON A. SAMS

PD

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date