

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46937

FILED
Jan 14, 2009
Secretary of State

Entity Name: UNIQUE CABINETRY, INC.

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