

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90138 040 \*\*\*150.00

<b>DOCUMENT # J63799</b> 1. Entity Name <b>AMERICA'S BEST CABINETRY, INC.</b>			
Principal Place of Business <b>5384 ORANGE BLVD SANFORD, FL 32771</b>		Mailing Address <b>685-B GEORGIA AVENUE LONGWOOD, FL 32750</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2428 S MAPLE AVE</b> Suite, Apt. #, etc.	
City & State <b>SANFORD, FLORIDA</b>		4. FEI Number <b>59-2845655</b>	
Zip <b>32771</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DEVORE, ROSA 685-B GEORGIA AVENUE LONGWOOD, FL 32750</b>		7. Name and Address of New Registered Agent Name <b>DEVORE ROSA L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2428 SOUTH MAPLE AVENUE</b> City <b>SANFORD</b> <b>FL</b> Zip Code <b>32771</b>	
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 <u><i>Rosa L. Devore</i></u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOENICHE, WILFRED 5384 ORANGE BLVD SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKENZIE, HOENICKE 1233 NATURES WAY WINTER SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCOX, VANESSA A 5384 ORANGE BLVD SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>V.W. Wilcox</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/28/05</u> <small>Date Day and Phone #</small>	

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