2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# J88484

Entity Name: CABINETS PLUS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

611 CHARLOTTE ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

611 CHARLOTTE ST
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-2845130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRY, JAMES H.
5450 WILLIAMSBURG DR.
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

FRY, JAMES H.
611 CHARLOTTE ST.
PUNTA GORDA, FL 33950 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: _____ 04/23/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRY, JAMES H.,
Address: 5450 WILLIAMSBURG DR.
City-St-Zip: PUNTA GORDA, FL

Title: VD ( ) Delete
Name: FRY, JAMES E.,
Address: 5450 WILLIAMSBURG DR.
City-St-Zip: PUNTA GORDA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FRY, JAMES H.,
Address: 611 CHARLOTTE ST.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD (X) Change ( ) Addition
Name: FRY, JAMES E.,
Address: 611 CHARLOTTE ST.
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES H. FRY PD 04/23/2004
Electronic Signature of Signing Officer or Director — Date