2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# K71176

Entity Name: CONSOLIDATED CABINETS OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

9649 HIGHWAY 17 SOUTH
ARCADIA, FL 33842

New Principal Place of Business:

23355 JANICE AVE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

23389 MCCANDLESS AVE
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 65-0114237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROOSE, JOHN A., JR.
23389 MCCANDLESS AVE
PORT CHARLOTTE, FL 33980 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: PSD ( ) Delete
Name: ROOSE, JOHN A., JR.,
Address: 23389 MCCANDLESS AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VDT ( ) Delete
Name: ROOSE, DIANE L
Address: 23389 MCCANDLESS AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: ROOSE, DIANE L
Address: 23389 MCCANDLESS AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: V ( ) Change (X) Addition
Name: CHALONE, JOSEPH C
Address: 23389 MCCANDLESS AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

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: DIANE ROOSE T 04/20/2005

Electronic Signature of Signing Officer or Director — Date