

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61618

Entity Name: T & L CABINETS, INC.

FILED
Jan 25, 2004
Secretary of State

Current Principal Place of Business:

% LAWRENCE VIRGINIAK
3316 30TH ST. W.
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

% LAWRENCE VIRGINIAK
3316 30TH ST. W.
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 65-0185394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIRGINIAK, LAWRENCE
3316 30TH ST. WEST
BRADENTON, FL 34205

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: D () Delete
Name: VIRGINIAK, LAWRENCE,
Address: 3316 30TH ST. W.
City-St-Zip: BRAENTON, FL

Title: PST () Delete
Name: VIRGINIAK, LAWRENCE,
Address: 3316 30TH ST. W.
City-St-Zip: BRAENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VIRGINIAK, LAWRENCE,
Address: 3316 30TH ST. W.
City-St-Zip: BRAENTON, FL 34205

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

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: VIRGINIAK, LAWRENCE

PST

01/25/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date