

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97990

FILED  
Feb 06, 2004  
Secretary of State

Entity Name: PROFESSIONAL TOUCH CABINETS, INC.

**Current Principal Place of Business:**

8609 ARCOLA AVENUE  
HUDSON, FL 34667

**New Principal Place of Business:**

8609 ARCOLA AVENUE  
HUDSON, FL 34667 US

**Current Mailing Address:**

8609 ARCOLA AVENUE  
HUDSON, FL 34667

**New Mailing Address:**

8609 ARCOLA AVENUE  
HUDSON, FL 34667 US

FEI Number: 59-3024823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWEN, HELEN  
3017 MAGELLAN  
SPRING HILL, FL 34606

**Name and Address of New Registered Agent:**

OWEN, HELEN N  
3017 MAGELLAN  
SPRING HILL, FL 34606 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: HELEN N. OWEN

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OWEN, GARY,  
Address: 12539 BROOKSIDE ST  
City-St-Zip: SPRING HILL, FL

Title: VP ( ) Delete  
Name: OWEN, JOHN E  
Address: 3017 MAGELLAN AVE  
City-St-Zip: SPRING HILL, FL 34608

Title: ST ( ) Delete  
Name: OWEN, HELEN N  
Address: 3017 MAGELLAN AVE  
City-St-Zip: SPRING HILL, FL 34608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OWEN, GARY  
Address: 8440 STARDUST WAY  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: VP (X) Change ( ) Addition  
Name: OWEN, JOHN E  
Address: 3017 MAGELLAN AVE  
City-St-Zip: SPRING HILL, FL 34608 US

Title: ST (X) Change ( ) Addition  
Name: OWEN, HELEN N  
Address: 3017 MAGELLAN AVE  
City-St-Zip: SPRING HILL, FL 34608 US

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: GARY OWEN

PRES

02/06/2004

Electronic Signature of Signing Officer or Director

Date