

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97990

FILED
Apr 29, 2009
Secretary of State

Entity Name: PROFESSIONAL TOUCH CABINETS, INC.

Current Principal Place of Business:

8609 ARCOLA AVENUE
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

8609 ARCOLA AVENUE
HUDSON, FL 34667 US

New Mailing Address:

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 N
3017 MAGELLAN
SPRING HILL, FL 34608 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: PD () Delete
Name: OWEN, GARY
Address: 8440 STARDUST WAY
City-St-Zip: BROOKSVILLE, FL 34613 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date