

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97990

FILED  
Apr 29, 2010  
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:**

OWEN, RUTH A  
8440 STARDUST WAY  
BROOKSVILLE, FL 34613 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:** RUTH OWEN

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** OWEN, GARY  
**Address:** 8440 STARDUST WAY  
**City-St-Zip:** BROOKSVILLE, FL 34613 US

I hereby 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 all other like empowered.

**SIGNATURE:** GARY OWEN

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date