

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84422

FILED
Jan 13, 2009
Secretary of State

Entity Name: MIKE WELLS CUSTOM CABINETS, INC.

Current Principal Place of Business:

MICHAEL WELLS
5050 ISCAFF RD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

MICHAEL WELLS
5050 ISCAFF RD.
ST. AUGUSTINE, FL 32092

Current Mailing Address:

MICHAEL WELLS
5050 ISCAFF RD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

MICHAEL WELLS
5050 ISCAFF RD.
ST. AUGUSTINE, FL 32092

FEI Number: 59-2890919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, PAMELA
5050 ISCAFF RD
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

WELLS, MICHAEL I D
5050 I SCAFF RD.
ST. AUGUSTINE, FL 32092 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: MICHAEL WELLS

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLS, MICHAEL I
Address: 5050 ISCAFF RD.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete
Name: WELLS, MICHAEL L
Address: 5050 ISCOFF RD
City-St-Zip: ST AUG, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL I WELLS

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date