

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M91781

FILED
Apr 19, 2005
Secretary of State

Entity Name: ATLANTIC CABINETS OF BREVARD, INC.

Current Principal Place of Business:

285 BARNES BLVD.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 560659
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 59-2900621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURFIN, JAMES T
285 BARNES BLVD
ROCKLEDGE, FL 32955 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: DP () Delete
Name: MURFIN, JAMES
Address: 285 BARNES BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: MURFIN, JAMES
Address: 285 BARNES BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DVP (X) Delete
Name: FAULISI, RONALD
Address: 285 BARNES BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Delete
Name: FAULISI, RONALD
Address: 285 BARNES BLVD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPST (X) Change () Addition
Name: MURFIN, JAMES
Address: 285 BARNES BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

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 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: JAMES MURFIN

DP

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date