

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018792

FILED
Jul 11, 2008
Secretary of State

Entity Name: EUROTEx THE CABINET SHOPPE INC.

Current Principal Place of Business:

721 N. BRIDGE STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

1451 NOBLES AVENUE
LABELLE, FL 33935

New Mailing Address:

FEI Number: 65-0988545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, PETER
1451 NOBLES AVENUE
LABELLE, FL 33935 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEPPARD, PETER
Address: 1451 NOBLES AVENUE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: SHEPPARD, D G
Address: 1451 NOBLES AVE
City-St-Zip: LABELLE, FL 33935

Title: VP () Delete
Name: STOCKWELL, EARL PETER
Address: 1459 HOBLES AVE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: PEREZ, RICHARD
Address: 1000 SUMMERALL RD.
City-St-Zip: LABELLE, FL 33935

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: STOCKWELL, DALLAS S
Address: 1451 NOBLES AVENUE
City-St-Zip: LABELLE, FL 33935 US

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: PETER C SHEPPARD

PRES

07/11/2008

Electronic Signature of Signing Officer or Director

Date