## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000097889

Entity Name: GERSHEL KITCHEN & BATH CABINETRY, INC.

FILED Sep 16, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2920 W. NEW HAVEN AVE. WEST MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

2920 W. NEW HAVEN AVE. WEST MELBOURNE, FL 32904

FEI Number: 59-3687801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMPSON, JESSICA A
2920 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 US
BROWN, GERALD D
2920 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 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: GERALD D BROWN 09/16/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: DPST (X) Change ( ) Addition

Name:BROWN, GERALD DName:BROWN, GERALD DAddress:2920 W NEW HAVEN AVENUEAddress:2920 W NEW HAVEN AVENUECity-St-Zip:WEST MELBOURNE, FL 32904City-St-Zip:WEST MELBOURNE, FL 32904

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWN, MICHELLE M
 Name:

 Address:
 2920 W NEW HAVEN AVENUE
 Address:

 City-St-Zip:
 WEST MELBOURNE, FL 32904
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HAMPSON, JESSICA A
 Name:

 Address:
 2920 W NEW HAVEN AVENUE
 Address:

 City-St-Zip:
 WEST MELBOURNE, FL 32904
 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: GERALD D BROWN DPST 09/16/2008