

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060731

FILED
Jan 06, 2004
Secretary of State

Entity Name: MASTERPIECE CABINETRY, INC.

Current Principal Place of Business:

MASTERPIECE CABINETRY INC
40-C COOLIDGE AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

MASTERPIECE CABINETRY INC
200-D SOUTH NOVA RD.
ORMOND BEACH, FL 32174

Current Mailing Address:

MASTERPIECE CABINETRY INC
200 GREENBRIAR AVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 58-3746061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLINSKY, ROBERT J
200 GREENBRIAR AVENUE
ORMOND BEACH, FL 32174

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: PD () Delete
Name: VOLINSKY, ROBERT J
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: BARBOUR, WILLIAM P
Address: 660 S RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: LECRANE, GERALD R
Address: 224 RIVERBEND RD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: VOLINSKY, ROBERT J
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD (X) Change () Addition
Name: ROBERT, VOLINSKY J
Address: 200 GREENBRIAR AVE
City-St-Zip: ORMOND BEACH, FL 32174

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: ROBERT J VOLINSKY

PD

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date