2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Apr 28, 2008 08:0	
DOCUMENT # P01000060731 1. Entity Name MASTERPIECE CABINETRY, INC.					Secretary of St
	,				
Principal Plac	e of Business	Mailing Address			
120 NORTH	E CABINETRY INC NOVA ROAD	MASTERPICE CABINETRY INC 120 NORTH NOVA ROAD			
ORMOND BE	ACH, FL 32174	ORMOND BEACH, FL 32174			EIN 88118 ENIK SEIN 1858E INEK NEISEL IL 1866
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E	O NOT WRITE	IN THIS SPA	CE ·		· · · · · · · · · · · · · · · · · · ·
	O HOL WILL	iia trino or V	OL .	4. FEI Number	Applied For
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يومواماً خوالد . دُو	a rate to right the state above and agency and a second and an analysis	A SA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	روز در دور در دور دروز دروز دروز	The state of the s	
VOLINSKY	Y, ROBERT J				
200 GREENBRIAR AVENUE			**	DO: NOT W	/RITE
ORMOND BEACH, FL 32174				IN THIS SI	
		•			ACE

8. The above the obligat	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
0.0117105					\cdot
SIGNATURE	Signature typed or printed name of registered agent and	title if applicable (NOTE Registere	d Agent signature required	when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	10 m	4114 14314	
TITLE	PD		1		
NAME	VOLINSKY, ROBERT J] ; . ;	(1995年) · ··································	
STREET ADDRESS	200 GREENBRIAR AVE			and the second	0927027
CITY. \$17IP	OPMOND BEACH EL 32174				パン・フト・ア・レイニート

VPD TITLE VOLINSKY, KELLY C NAME STREET ADDRESS 200 GREENBRIAR AVE CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME ROBERT, VOLINSKY J STREET ADDRESS 200 GREENBRIAR AVE CITY-ST-ZIP ORMOND BEACH, FL 32174 TD TITLE NAME VOLINSKY, KELLY C STREET ADDRESS 200 GREENBRIAR AVE CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other keep movered.

SIGNATURE: 4

CITY-ST-ZIP

SIGNATURE AND TYPED AN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

386 212 9724

Daytime Phone #