2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P01000103877

Entity Name: AMERICAN CUSTOM CABINETS, INC.

Current Principal Place of Business:

21 W. MAGNOLIA ST,=.
ARCADIA, FL 34266

New Principal Place of Business:

21 W. MAGNOLIA ST
ARCADIA, FL 34266

Current Mailing Address:

110 WEST OAK ST.
ARCADIA, FL 34266

New Mailing Address:

21 W. MAGNOLIA ST
ARCADIA, FL 34266

FEI Number: 80-0056191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAUL, AVA
110 WEST OAK ST.
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

PAUL, AVA
21 WEST MAGNOLIA STREET
ARCADIA, FL 34266 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: AVA A PAUL 01/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PAUL, AVA
Address: 110 WEST OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: PAUL, TIM
Address: 110 WEST OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete
Name: WATSON, JOHN O JR.
Address: 110 WEST OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete
Name: WATSON, GAYLE B
Address: 110 WEST OAK ST.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PAUL, AVA
Address: 21 WEST MAGNOLIA STREET
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change ( ) Addition
Name: PAUL, TIM
Address: 21 WEST MAGNOLIA STREET
City-St-Zip: ARCADIA, FL 34266

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 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: AVA A PAUL D 01/29/2009
Electronic Signature of Signing Officer or Director Date