


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90037 004 ***150.00

DOCUMENT # P01000113967	
1. Entity Name CABINET WORKS OF JACKSONVILLE, INC.	

Principal Place of Business 2650-3 ROSSELLE STREET JACKSONVILLE FL 32204	Mailing Address 2650-3 ROSSELLE STREET JACKSONVILLE FL 32204
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3759790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, SAMUEL L 3435 CULLENDON LANE JACKSONVILLE FL 32225	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	NAME STEWART, ANDREW J	TITLE	NAME
STREET ADDRESS 4218 ANVERS BLVD.	CITY-ST-ZIP JACKSONVILLE FL 32210	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE VTD	NAME LEE, SAMUEL D	TITLE	NAME
STREET ADDRESS 3435 CULLENDON LANE	CITY-ST-ZIP JACKSONVILLE FL	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel David Lee Samuel David Lee 2-6-04 (904) 387-0708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #