


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P01270
 1. Entity Name
AMERICAN WOODMARK CORPORATION



Principal Place of Business 7803 SOUTHLAND BLVD STE 202 ORLANDO, FL 32809 US	Mailing Address P.O. BOX 1980 P. O. BOX 1980 WINCHESTER, VA 22604 US
---	---

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1138147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32303-6643

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOLK, JONATHAN 1505 BROOKDALE CT WINCHESTER, VA 22601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOSA, JAMES JAKE 325 WINDSOR LANE WINCHESTER, VA 22602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUICHARD, KENT 104 KATIE LANE WINCHESTER, VA 22602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EANES, GLENN HCR 61, BOX 70J CAPON BRIDGE, WV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000985736
 05/23/08-80086-007 150.00

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 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:  **Glenn Eanes VP + Treasurer 4/25/08 540-665-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #