# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2011**
**Secretary of State**

DOCUMENT# P02000017076

**Entity Name:** CONOVER CABINET INSTALLATIONS, INC.

**Current Principal Place of Business:**

4924 DEVON CIRCLE
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

4924 DEVON CIRCLE
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number: 03-0387567** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONOVER, ROBERT H OWNER
4924 DEVON CIRCLE
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

CONOVER, ROBERT H
4924 DEVON CIRCLE
NAPLES, FL 34112 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: ROBERT H. CONOVER 02/03/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: CONOVER, ROBERT H DIRECTO
Address: 4924 DEVON CIRCLE
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: ROBERT H. CONOVER OWNE 02/03/2011
Electronic Signature of Signing Officer or Director Date