2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028434

Entity Name: SOUTH FLORIDA CABINET WORKS, INC.

FILED Sep 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7066 GENEVA LAKE CT 871 VILLAGE LAKE DRIVE N

LAKE WORTH, FL 33467 DELAND, FL 32724

Current Mailing Address: New Mailing Address:

7066 GENEVA LAKE CT 871 VILLAGE LAKE DRIVE N

LAKE WORTH, FL 33467 DELAND, FL 32724

FEI Number: 38-3645455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LUNSFORD, JAMIE J
3707 S ARELIA DR.

LUNSFORD, JAMIE J
871 VILLAGE LAKE DRIVE N

DELRAY BEACH, FL 33445 DELAND, FL 32724

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: JAMIE LUNSFORD 09/22/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 LUNSFORD, JAMIE J
 Name:
 LUNSFORD, JAMIE J

 Address:
 3707 S ARELIA DR.
 Address:
 871 VILLAGE LAKE DRIVE N

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELAND, FL 32724

Title: V () Delete Title: V (X) Change () Addition

 Name:
 LUNSFORD, HEIDLR
 Name:
 LUNSFORD, HEIDLR

 Address:
 3707 S ARELIA DR
 Address:
 871 VILLAGE LAKE DRIVE N

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:
 DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMIE LUNSFORD P 09/22/2004