2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060198

City-St-Zip:

OKEECHOBEE, FL 34972

Entity Name: CAROL'S CABINETS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
CAROL'S CABINET INC. OKEECHOBEE, FL 34972		3197 N.W. 20TH TRAI	CAROL'S CABINET INC. 3197 N.W. 20TH TRAIL OKEECHOBEE, FL 34972	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
3197 NW 20TH TRAIL OKEECHOBEE, FL 34	1972			
FEI Number: 02-0617321	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address o	f Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
DURRANCE, MILDRE 2919 NW 37TH AVE OKEECHOBEE, FL 34				
The above named enting the State of Florida.	ry submits this statement for the μ	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electi	onic Signature of Registered Age	ent	Date	
Election Campaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D Name: DURRANCE Address: 3197 NW 20		Title: Name: Address:	() Change () Addition	

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: MILDRED DURRANCE D 04/30/2009