2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000099504

1. Entity Name
B R H CABINETS INSTALLATION, INC.

Principal Place of Business	Mailing Address
36430 GOSS STREET FRUITLAND PARK, FL 34731	36430 GOSS STREET FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE

02242004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
90-0064030	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGEN, ROBERT
36430 GOSS STREET
FRUITLAND PARK, FL 34731

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	HAUGEN, ROBERT
STREET ADDRESS	36430 GOSS STREET
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Robert R. Haugen_   2-22-04   352-728-1346

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