

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047008

FILED
Apr 18, 2007
Secretary of State

Entity Name: EXCLUSIVE CABINETS AND FLOOR COVERINGS INC.

Current Principal Place of Business:

3242 NW 19TH STREET
CAPE CORAL, FL 33933

New Principal Place of Business:

Current Mailing Address:

3242 NW 19TH STREET
CAPE CORAL, FL 33933

New Mailing Address:

FEI Number: 04-3769932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENCE, SHERRY
3242 NW 19TH STREET
CAPE CORAL, FL 33933 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LORENCE, THOMAS W
Address: 3242 NW 19TH STREET
City-St-Zip: CAPE CORAL, FL 33933

Title: D () Delete
Name: LORENCE, THOMAS W
Address: 3242 NW 19TH STREET
City-St-Zip: CAPE CORAL, FL 33933

Title: OFF () Delete
Name: LORENCE, SHERRY
Address: 3242 NW 19TH STREET
City-St-Zip: CAPE CORAL, FL 33933

Title: OFF (X) Delete
Name: HOXTER, LOGAN G
Address: 2647 B HANSON STREET
City-St-Zip: FORT MYERS, FL 33901

Title: OFF () Delete
Name: MENDER, STEVE P
Address: 14890 CAMAAN DR,
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W. LORENCE

PVST

04/18/2007

Electronic Signature of Signing Officer or Director

Date