2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P03000065539

Entity Name: TURNER CABINETRY DESIGN & DISTRIBUTION, INC.

Current Principal Place of Business:

411 NW 20TH TERRACE
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

PO BOX 150504
CAPE CORAL, FL 33915

New Mailing Address:

411 NW 20TH TERRACE
CAPE CORAL, FL 33993

FEI Number: 20-0039507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TURNER, TRISHA A
411 NW 20TH TERRACE
CAPE CORAL, FL 33993 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

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:

Title: P, T ( ) Delete
Name: TURNER, JEREMY W
Address: 772 PONDELLA RD APT N165
City-St-Zip: N. FT. MYERS, FL 33903

Title: S ( ) Delete
Name: TURNER, TRISHA A
Address: 772 PONDELLA RD APT N165
City-St-Zip: N. FT. MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change ( ) Addition
Name: TURNER, JEREMY W
Address: 411 NW 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

Title: VP,S (X) Change ( ) Addition
Name: TURNER, TRISHA A
Address: 411 NW 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

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: TRISHA A TURNER VP 05/02/2005
Electronic Signature of Signing Officer or Director Date