

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075285

Entity Name: CHEROKEE CABINETS, INC.

FILED  
Jun 05, 2009  
Secretary of State

## Current Principal Place of Business:

550 BUSINESS PARKWAY  
STE 2  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

1635 SE SHELburnIE WAY  
PORT SAINT LUCIE, FL 34952

## New Mailing Address:

FEI Number: 90-0097992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

REED, WILLIAM  
1635 SE SHELburnIE WAY  
PORT SAINT LUCIE, FL 34952 US

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: WILLIAM REED

06/05/2009

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 ( ) Delete  
Name: REED, WILLIAM W JR  
Address: 1635 SE SHELburnIE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete  
Name: REED, LINDA L  
Address: 1635 SE SHELburnIE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM REED

PRES

06/05/2009

Electronic Signature of Signing Officer or Director

Date