2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104157

Address:

City-St-Zip:

FILED May 26, 2004 Secretary of State

Entity Nai	me: CENTRAL	. FLORIDA CABINETS INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RLAKE BLVD. CID, FL 33852	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	RLAKE BLVD. CID, FL 33852	US				
FEI Number:	: 56-2396519	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Stat	tus Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
531 DEEN	I, PAMELA T BLVD. CID, FL 33852	US				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing i	s registered office or registere	d agent, or both,	
SIGNATU	RE:					
	Electroni	c Signature of Registered Ag	ent	Date		
		(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notic	е.		
OFFICER	S AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () WOOD, JAMES 308 WASHINGTO LAKE PLACID, F	ON BLVD	Title: Name: Address: City-St-Zip:	()Change ()Additio	on	
Title: Name: Address: City-St-Zip:	VP () CHAPMAN, TOB 101 SOUTH EGF SEBRING, FL 3	RET ST	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ESPILDORA, ROLANDO 401 INTERLAKE BOULEVARD LAKE PLACID, FL 33852	on	
Title: Name: Address: City-St-Zip:	SEC () CHAPMAN, TOB 101 SOUTH EGF SEBRING, FL 3	RET ST	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition WOOD, JAMES E III 308 WASHINGTON BOULEVARD LAKE PLACID, FL 33852	on	
Title: Name:	()	Delete	Title: Name:	TRES () Change (X) Addition	on	

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.

Address:

City-St-Zip:

SIGNATURE: JAMES E. WOOD, III PRES 05/26/2004

401 INTERLAKE BOULEVARD

LAKE PLACID, FL 33852