2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000108952

Entity Name: WEST CENTRAL CABINETS, INC.

Current Principal Place of Business:

610 KINGSMILL COVE, UNIT 204
LAKE MARY, FL 32746

New Principal Place of Business:

2221 NORTH FORSYTH ROAD
SUITE B
ORLANDO, FL 32807

Current Mailing Address:

P. O. BOX 953983
LAKE MARY, FL 327953983

New Mailing Address:

FEI Number: 20-0292954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: D ( ) Delete
Name: PERMANN, SCOTT
Address: 610 KINGSMILL COVE, UNIT 204
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: BROWN, LORI
Address: 610 KINGSMILL COVE, UNIT 204
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: HARRISON, REBECCA
Address: 610 KINGSMILL COVE, UNIT 204
City-St-Zip: LAKE MARY, FL 32746

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:

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: LORI BROWN TREA 04/26/2004

Electronic Signature of Signing Officer or Director — Date