2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

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NING OFFICER OR DIRECTO

Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P03000117631 1. Entity Name 01-29-2004 90023 008 ***150.00 THEE CABINET SHOP, INC. Principal Place of Business Mailing Address 4994 TROTT CIRCLE 4994 TROTT CIRCLE OCTTOUFF NORTH PORT FL 34287 NORTH PORT FL 34287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMENTROUT, TERRY Street Address (P.O. Box Number is Not Acceptable) 170 W. DEARBORN STREET **ENGLEWOOD FL 34223** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete KEARNEY, GARY NAME NAME STREET ADDRESS 1315 TINAMOU ROAD STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP VP TITLE ☐ Delete Change ☐ Addition NAME SAMS, SCOTT NAME STREET ADDRESS 4312 ULMAN AVENUE STREET ADDRESS NORTH PORT FL 34286 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED