2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # P03000125291** 04-13-2004 90008 005 ***150 00 1. Entity Name STEVE'S CABINET CREATIONS INC. Principal Place of Business Mailing Address 10784 KNOTTINGBY DR. 10784 KNOTTINGBY DR. **34032196** JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04122004 City & State City & State 4. FEI Number Applied For 20-0394268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHELL, STEVEN 10784 KNOTTINGBY DR. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32257 Zip Code City 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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DIR TITLE ☐ Change Addition | ☐ Delete SHELL, STEVEN NAME NAME STREET ADDRESS 10784 KNOTTINGBY DR. STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIF CITY-ST-ZIP DIR Change ☐ Addition TITLE ☐ Detete TITLE SHELL, MARY NAME STREET ADDRESS 10784 KNOTTINGBY DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP NIR Addition TITLE ☐ Delete TITLE ☐ Change SHELL, MICHAEL NAME NAME STREET ADDRESS 10784 KNOTTINGBY DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 eath; 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

SIGNING OFFICER OR DIRECTOR

FILED