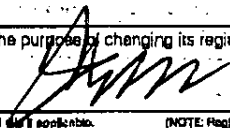
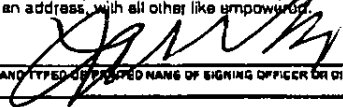


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90199 018 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000148995					
1. Entity Name AMELIA ISLAND CABINETRY, INC.					
Principal Place of Business 474384 SR 200 FERNANDINA BEACH, FL 32034 US			Mailing Address 474384 SR 200 FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business - No P.O. Box 474386 East SR 200 Suite, Apt. #, etc.			3. Mailing Address same Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 20-0459092	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURLING, LORI H 474384 SR 200 FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 474386 East SR 200 City Fernandina beach FL 32034	
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  DATE 4-28-08 Signature, typed or printed name of registered agent and entity applicable. (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURLING, LORI H 474384 SR 200 FERNANDINA BEACH, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	474386 East SR 200	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARKEY, JOE E 474384 SR 200 FERNANDINA BEACH, FL 32034	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  DATE 4-28-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					