

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150251

Entity Name: D H I CABINETS, INC

FILED  
Aug 20, 2004  
Secretary of State

**Current Principal Place of Business:**

111 LAUREL COVE WAY  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**  
111 LAUREL COVE WAY  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:** **Name and Address of New Registered Agent:**

RECTOR, RODNEY D  
111 LARUEL COVE WAY  
WINTER HAVEN, FL 33884 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D  Delete  
Name: RECTOR, RODNEY D  
Address: 111 LAUREL COVE WAY  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

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 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: RODNEY D RECTOR

P/D

08/20/2004

Electronic Signature of Signing Officer or Director

Date