
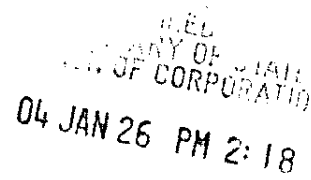


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000001099 1. Entity Name A. P. CABINETRY, INCORPORATED							
Principal Place of Business 1222 THOMASINA DR PORT ORANGE, FL 32129				Mailing Address 1222 THOMASINA DR PORT ORANGE, FL 32129			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 56-2424204		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PRESLEY, ALAN B 1222 THOMASINA DR PORT ORANGE, FL 32129				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME			TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME			TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME			TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: <u>Alan B. Presley</u>				ALAN B. PRESLEY		1/23/04 (386) 566-9911	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	