2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011725

FILED Mar 27, 2008 Secretary of State

Entity Name: MODERN CABINETRY & MILLWOR	RK INC.
Current Principal Place of Business:	New Principal Place of Business:
5354 VILLAGE DR. TAMPA, FL 33624	
Current Mailing Address:	New Mailing Address:
19439 EVERTON PLACE LAND O LAKES, FL 34638	
FEI Number: 86-1127492 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent	t: Name and Address of New Registered Agent:
HERWEH, DEBRA 19439 EVERTONE PL LAND O LAKES, FL 34639 US	
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
T''' () D ()	Title: \(\(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\f

Title: CHRP () Delete Title: (X) Change () Addition SCHROYER, MICHAEL D OWNER SCHROYER, MICHAEL D OWNER Name: Name: 4724 W WYOMING AVE. Address: 4724 W WYOMING AVE. Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip: TAMPA, FL 33616 Title: **VPST** () Delete Title: (X) Change () Addition VEAL, DAVID S VEAL, DAVID S Name: Name: Address: 5354 VILLAGE DR. Address: 5354 VILLAGE DR. TAMPA, FL 33624 TAMPA, FL 33624 City-St-Zip: City-St-Zip:

Title: () Change (X) Addition () Delete CS

Title: Name: Name: HERWEH, DEBRA L Address: Address: 19439 EVERTON PLACE City-St-Zip: City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID S. VEAL **PRES** 03/27/2008