2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047602

Entity Name: WEST COAST CUSTOM CABINETRY, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16266 SAN CARLOS BLVD 16266 SAN CARLOS BLVD SUITE #5 SUITE #2

FORT MYERS,, FL 33908 FORT MYERS,, FL 33908

Current Mailing Address: New Mailing Address:

 16266 SAN CARLOS BLVD
 16266 SAN CARLOS BLVD

 SUITE #5
 SUITE #2

 FORT MYERS,, FL 33908
 FORT MYERS,, FL 33908

FEI Number: 20-0868015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PAYNE, CARRIE L

14360 MCGREGOR BLVD

FORT MYERS, FL 33919 US

PAYNE, CARRIE L

8961 RIVER PALM COURT

FORT MYERS, FL 33919 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: CARRIE PAYNE 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PAYNE, CARRIE L
 Name:
 PAYNE, CARRIE L

 Address:
 14360 MCGREGOR BLVD
 Address:
 8961 RIVER PALM COURT

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

() Delete Title: VΡ Title: VΡ (X) Change () Addition Name: PAYNE, BENJAMIN E Name: PAYNE, BENJAMIN E 14360 MCGREGOR BLVD Address: 8961 RIVER PALM COURT Address: FORT MYERS, FL 33919 FORT MYERS, FL 33919 City-St-Zip: City-St-Zip:

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: CARRIE PAYNE P 04/27/2009