

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90005 042 \*\*\*150.00

<b>DOCUMENT # P04000107770</b> 1. Entity Name <b>SLH CABINETRY, INC.</b>			
Principal Place of Business <b>7231 ROSARIAN DR. PORT RICHEY, FL 34668</b>		Mailing Address <b>7231 ROSARIAN DR. PORT RICHEY, FL 34668</b>	
2. Principal Place of Business <b>10721 BUCKINGHAM CT</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>10721 BUCKINGHAM CT</b> <small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small> <b>PORT RICHEY FL</b> <small>Zip</small> <b>34668</b> <small>Country</small> <b>US</b>		<small>City &amp; State</small> <b>PORT RICHEY FL</b> <small>Zip</small> <b>34668</b> <small>Country</small> <b>US</b>	
4. FEI Number <b>48-0895936</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HEDGES, STEVEN L 7231 ROSARIAN DR. PORT RICHEY, FL 34668</b>		7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>10721 BUCKINGHAM CT</b> <small>City</small> <b>PORT RICHEY</b> <small>FL</small> <small>Zip Code</small> <b>34668</b>	
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: <b>STEVEN HEDGES</b> <b>2/10/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PSD <input type="checkbox"/> Delete <b>HEDGES, STEVEN L 7231 ROSARIAN DR. PORT RICHEY, FL 34668</b>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10721 BUCKINGHAM CT PORT RICHEY, FL 34668</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>STEVEN HEDGES, Pres</b> <b>2/10/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <b>2/10/06</b> <small>Daytime Phone #</small>	

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02102006 Chg-P CR2E034 (11/05)