

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115315

Entity Name: OXLEY CABINET WAREHOUSE, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

2708 W BEAVER ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2708 W BEAVER ST
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 77-0643701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXLEY, WILLIAM L
110 NORTHSIDE DRIVE SOUTH
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OXLEY, WILLIAM L
Address: 110 NORTHSIDE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: CONNELL, BOBBY JOE
Address: 2708 W BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP () Delete
Name: CONNELL, LORI OXLEY
Address: 2708 W BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: S/T () Delete
Name: STANG, HELENE S
Address: 2708 W BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: WILLIAM L OXLEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date