


**FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 042 ***150.00

DOCUMENT # <u>P04000162324</u>	
1. Entity Name <u>Kabinet Creations, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # <u>1428 Capital Circle NW</u> Suite, Apt. #, etc.	3. Mailing Address <u>1428 Capital Circle NW</u> Suite, Apt. #, etc.
City & State <u>Tallahassee, FL</u>	City & State <u>Tallahassee, FL</u>
Zip <u>32303</u> Country <u>USA</u>	Zip <u>32303</u> Country <u>USA</u>

40109059

CR2EQ34B (5/07)

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>04-3800828</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Richard Webb</u> Street Address (P.O. Box Number is Not Acceptable) <u>1428 Capital Circle NW</u> City <u>Tallahassee</u> FL Zip Code <u>32303</u>		

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, the registered agent.

SIGNATURE [Signature] Owner/President 6/12/2008
Signature is typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>P. Richard Webb</u> <u>2450 Bass Bay Drive</u> <u>Tallahassee, FL 32312</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] Richard Webb (850) 576-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #