2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010503

Entity Name: FLORIDA CABINET DISTRIBUTORS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
Guirenti	illicipai i lacc	OI Dusi	11033.	NCW I IIII	ipui i iuce oi	Dusiness.		
	ANTIC BLVD. BEACH, FL 3	32266	US					
Current Mailing Address:				New Maili	New Mailing Address:			
	ANTIC BLVD. BEACH, FL 3	32266	US					
FEI Number:	: 20-2772171	FEI Nur	nber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red ()	
Name and	Address of C	urrent F	Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUSS, STI 13048 FAL JACKSON	EPHEN J .GREN CT. VILLE, FL 322	25 U	5					
	named entity s e of Florida.	submits t	his statement for the p	ourpose of changing i	ts registered o	ffice or registered agen	t, or both,	
SIGNATUR	⊋F·							
01011/1101		ic Signat	ture of Registered Age	•nt		 Date		
Election Car		J	nd Contribution ().	,		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SUSS, STEPHE 13048 FALGRE JACKSONVILLE	N CT.	25 US	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () HESFORD, MIC 2509 E. SPOKA ATLANTIC BEA	NE AVE.	233 US	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SUSS, CATHY 13048 FALGRE	Change (X) Addition IN CT. F, FL 32225 US		

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: MICHAEL HESFORD VP 04/30/2009