

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014471

Entity Name: A.C.E. CABINET CO.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

6530 CORBIN LN
NEW PORT RICHEY, FL 346532819

New Principal Place of Business:

5619 TROUBLE CREEK RD
NEW PORT RICHEY, FL 346525131

Current Mailing Address:

PO BOX 1855
NEW PORT RICHEY, FL 346561855

New Mailing Address:

FEI Number: 20-2959792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, BEVERLY
5332 MAIN STREET
NEW PORT RICHEY, FL 34652 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: TZOUMAS, HARRY
Address: PO BOX 1855
City-St-Zip: NEW PORT RICHEY, FL 346561855

Title: V () Delete
Name: TZOUMAS, SOPHIA
Address: PO BOX 1855
City-St-Zip: NEW PORT RICHEY, FL 346561855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HARRY TZOUMAS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date