

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020697

Entity Name: SOUTHERN CABINETS, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

1090 RAINBOW LAKE LANE
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

1090 RAINBOW LAKE LANE
PIERSON, FL 32180

New Mailing Address:

FEI Number: 20-2324220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUJOL, RALPH E
1090 RAINBOW LAKE LANE
PIERSON, FL 32180 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1384876
DELTONA, FL 32725 US

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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PUJOL, RALPH E
Address: 1090 RAINBOW LAKE LANE
City-St-Zip: PIERSON, FL 32180

Title: VD () Delete
Name: PUJOL, RITA
Address: 1090 RAINBOW LAKE LANE
City-St-Zip: PIERSON, FL 32180

Title: TD () Delete
Name: PUJOL, RALPH A JR.
Address: 1090 RAINBOW LAKE LANE
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PUJOL, RALPH E
Address: 1090 RAINBOW LAKE LANE
City-St-Zip: PIERSON, FL 32180

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: CHRISTINA CLARK FOR RALPH E PUJOL

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date