

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125995

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: INTERIOR CABINET DESIGN, INC.

## Current Principal Place of Business:

850 BATES COURT  
CASSELBERRY, FL 32707

## New Principal Place of Business:

908 STAFFORD TRAIL  
GENEVA, FL 32732

## Current Mailing Address:

850 BATES COURT  
CASSELBERRY, FL 32707

## New Mailing Address:

908 STAFFORD TRAIL  
GENEVA, FL 32732

FEI Number: 65-1259867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERKOBEN, JAMES A  
850 BATES COURT  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

BERKOBEN, JAMES A  
908 STAFFORD TRAIL  
GENEVA, FL 32732 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: BERKOBEN, JAMES A  
Address: 850 BATES COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete  
Name: LEWIS, GEORGE L  
Address: 21603 JINGLE ROAD  
City-St-Zip: CHRISTMAS, FL 32709

Title: SEC ( ) Delete  
Name: NIELSEN, HANS C  
Address: 21603 JINGLE ROAD  
City-St-Zip: CHRISTMAS, FL 32709

Title: TRS ( ) Delete  
Name: BERKOBEN, JAMES C  
Address: 834 BATES COURT  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: BERKOBEN, JAMES A  
Address: 908 STAFFORD TRAIL  
City-St-Zip: GENEVA, FL 32732

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

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

Title: TRS (X) Change ( ) Addition  
Name: BERKOBEN, JAMES C  
Address: 908 STAFFORD TRAIL  
City-St-Zip: GENEVA, FL 32732

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: JAMES A. BERKOBEN

PST

04/16/2009

Electronic Signature of Signing Officer or Director

Date