

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166751

Entity Name: CAB INDUSTRIES, INC.

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

1268 EDGEWOOD DRIVE STE 3
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

448 BRIDGEVIEW TERR
JACKSONVILLE, FL 32259 US

Current Mailing Address:

448 BRIDGEVIEW TERR
JACKSONVILLE, FL 32259

New Mailing Address:

448 BRIDGEVIEW TERR
JACKSONVILLE, FL 32259 US

FEI Number: 90-0259468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, SONIA
448 BRIDGEVIEW TERR.
JACKSONVILLE, FL 32259 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WOODS, SONIA R
Address: 1268 EDGEWOOD DRIVE STE 3
City-St-Zip: JACKSONVILLE, FL 32254 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WOODS, SONIA R
Address: 448 BRIDGEVIEW TERR
City-St-Zip: JACKSONVILLE, FL 32259 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: SONIA WOODS

PSTD

08/22/2007

Electronic Signature of Signing Officer or Director

Date