

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017641

FILED
May 04, 2009
Secretary of State

Entity Name: N&N CABINETS AND MILLWORK, INC.

Current Principal Place of Business:

580 COLLEGE STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

2910 W. BEAVER STREET
UNIT 3
JACKSONVILLE, FL 32254

Current Mailing Address:

580 COLLEGE STREET
JACKSONVILLE, FL 32204

New Mailing Address:

P.O. BOX 60743
JACKSONVILLE, FL 32236

FEI Number: 20-4329457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON O. JESPERSON
1279 KINGSLEY AVENUE
SUITE 118
ORANGE PARK, FL 32073 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: DP () Delete
Name: LEACH, MICHAEL
Address: 1625 EUCLID STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS () Delete
Name: LEACH, MICHAEL
Address: 1625 EUCLID STREET
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHAEL LEACH

DP

05/04/2009

Electronic Signature of Signing Officer or Director

Date