

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069234

FILED  
May 27, 2008  
Secretary of State

Entity Name: ON THE LEVEL CABINET SUPPLY, INC.

**Current Principal Place of Business:**

285 NATIONAL PL  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

285 NATIONAL PL  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 26-1941650      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCALISTER, KIRK L  
1249 BENT OAK TR.  
ALTAMONTE SPRINGS, FL 32714      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: MCALISTER, KIRK L  
Address: 1249 BENT OAK TR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: MCALISTER, LAURA L  
Address: 1249 BENT OAK TR  
City-St-Zip: ALTAMONTE SPRING, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MCALISTER, KIRK L  
Address: 1249 BENT OAK TR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC (X) Change ( ) Addition  
Name: MCALISTER, LAURA L  
Address: 1249 BENT OAK TR  
City-St-Zip: ALTAMONTE SPRING, FL 32714

Title: VP ( ) Change (X) Addition  
Name: FULLER, MARK C  
Address: 1106 DORIS AVENUE  
City-St-Zip: TAVARES, FL 32778

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: BARBARA J MARKLAND

Electronic Signature of Signing Officer or Director

BKKP

05/27/2008

\_\_\_\_\_ Date