

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144804

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: CABINET CONCEPTS OF BREVARD, INC.

## Current Principal Place of Business:

7720 N WICKHAM ROAD  
# 106  
MELBOURNE, FL 32940 US

## New Principal Place of Business:

## Current Mailing Address:

7720 N WICKHAM ROAD  
# 106  
MELBOURNE, FL 32940 US

## New Mailing Address:

FEI Number: 20-5916618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARSOUN, RAYMOND  
703 ASHBURY AVENUE  
MELBOURNE, FL 32940 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: P ( ) Delete  
Name: FARSOUN, RAYMOND  
Address: 703 ASHBURY AVENUE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: SEC ( ) Delete  
Name: FARSOUN, VICKI J  
Address: 703 ASHBURY AVENUE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: V ( ) Delete  
Name: HUBER, KARL  
Address: 641 SPRINGLAKE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: TREA ( ) Delete  
Name: HUBER, KAREN  
Address: 641 SPRINGLAKE  
City-St-Zip: MELBOURNE, FL 32940 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RAYMOND FARSOUN

P

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date