02/26/2008 12:43 1 386 935 3437 GERI'S-OFFICE

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Secretary of State
03-18-2008 90016 033 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000156323

1. Entity Name
B & B CABINETS OF CITRUS COUNTY, INC.

40043092

02262008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
475 S LITTLE JOHN AVENUE INVERNESS, FL 34450	475 S LITTLE JOHN AVENUE INVERNESS, FL 34450

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1886 Glenwood ST. N.E.	1886 Glenwood ST. N.E.
Suite, Apt. #, etc.: Home	Suite, Apt. #, etc.: Home
City & State: Palm Bay Fl.	City & State: Palm Bay Fl.
Zip: 32907 Country: Brevard	Zip: 32907 Country: Brevard

4. FEI Number: 90-0295757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ROBERT A
475 S LITTLE JOHN AVEUE
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name: Elizabeth A. Jones
Street Address (P.O. Box Number is Not Acceptable): 1886 Glenwood ST. N.E.
City: Palm Bay FL Zip Code: 32907

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Elizabeth A Jones 3/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, ROBERT A 475 S LITTLE JOHN AVENUE INVERNESS, FL 34450 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JONES, ELIZABETH A 475 S LITTLE JOHN AVENUE INVERNESS, FL 34450 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO Jones Elizabeth A. 1886 Glenwood ST NE Palm Bay Fl. 32907 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A Jones Elizabeth A Jones 3/11/08 321-327-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #