2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P06000156323

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

Current Principal Place of Business:

1886 GLENWOOD ST NE
HOME
PALM BAY, FL 329070

New Principal Place of Business:

475 S LITTLE JOHN AVENUE
HOME
INVERNESS, FL 34450 US

Current Mailing Address:

1886 GLENWOOD ST NE
HOME
PALM BAY, FL 329070

New Mailing Address:

475 S LITTLE JOHN AVENUE
HOME
INVERNESS, FL 34450 US

FEI Number: 90-0295757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, ELIZABETH A
1886 GLENWOOD ST. NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

JONES, ELIZABETH A
475 S LITTLE JOHN AVENUE
INVERNESS, FL 34450 US

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: ELIZABETH A JONES 03/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, ROBERT A
Address: 475 S LITTLE JOHN AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: PD ( ) Delete
Name: JONES, ELIZABETH A
Address: 1886 GLENWOOD ST. NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JONES, ROBERT A
Address: 475 S LITTLE JOHN AVENUE
City-St-Zip: INVERNESS, FL 34450 US

Title: PD (X) Change ( ) Addition
Name: JONES, ELIZABETH A
Address: 475 S LITTLE JOHN AVENUE
City-St-Zip: INVERNESS, FL 34450 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: ROBERT A JONES MR 03/15/2009
Electronic Signature of Signing Officer or Director Date