

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085753

Entity Name: ARGALL'S CABINETS, INC.

FILED
Jul 19, 2009
Secretary of State

Current Principal Place of Business:

2456 WILD TAMARIND BLVD
ORLANDO, FL 32828

New Principal Place of Business:

519 TERRACE SPRING DR
ORLANDO, FL 32828

Current Mailing Address:

2456 WILD TAMARIND BLVD
ORLANDO, FL 32828

New Mailing Address:

519 TERRACE SPRING DR
ORLANDO, FL 32828

FEI Number: 75-3249892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGALL, JOHN
2456 WILD TAMARIND BLVD
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

ARGALL, JOHN
519 TERRACE SPRING DR
ORLANDO, FL 32828 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:

07/19/2009

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: ARGALL, JOHN
Address: 2456 WILD TAMARIND BLVD
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: ARGALL, SHIRLEY
Address: 2456 WILD TAMARIND BLVD
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARGALL, JOHN
Address: 519 TERRACE SPRING DR
City-St-Zip: ORLANDO, FL 32828

Title: VP (X) Change () Addition
Name: ARGALL, SHIRLEY
Address: 519 TERRACE SPRING DR
City-St-Zip: ORLANDO, FL 32828

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: JOHN ARGALL

PRES

07/19/2009

Electronic Signature of Signing Officer or Director

Date