## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000114087

Entity Name: CABINET OPTIONS, INC.

**FILED** Mar 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4480 DEERWOOD LAKE PARKWAY, UNIT 357 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 4480 DEERWOOD LAKE PARKWAY, UNIT 357 JACKSONVILLE, FL 32216 FEI Number: 41-2254884 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAZIER & GLAZIER, P.A 8825 PERIMETER PÄRK BLVD., STE. 504 JACKSONVILLE, FL 32216 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition Title: PSD ( ) Delete LEGG, THOMAS Name: Name: Address: Address:

4480 DEERWOOD LAKE PARKWAY, UNIT 357 City-St-Zip: JACKSONVILLE, FL 32216 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: THOMAS C LEGG **PSD** 03/20/2008