2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058971

ODD DOOD CADINETDY AND INICTALL ATION, INIC

FILED Apr 08, 2009 Secretary of State

Entity Name: ODD DOOR CABINETRY AND INSTALLATION	ON, INC		
Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
705 LIVE OAK STR TARPON SPRINGS, FL 34689		4329 COLD HARBOR DR NEW PORT RICHEY, FL 34653	
Current Mailing Address:	New Mailing Address:		
4329 COLD HARBOR DR. NEW PORT RICHEY, FL 34653			
FEI Number: 71-1051721 FEI Number Applied For() FE	I Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		f New Registered Agent:	
ORLANDO, CAROL J 4329 COLD HARBOR DR. NEW PORT RICHEY, FL 34653 US			
The above named entity submits this statement for the purpo in the State of Florida.	ose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: PRES () Delete	Title: PRES	(X) Change () Addition	

City-St-Zip:

Address:

ORLANDO, JANE ORLANDO, CAROL J Name: Name: 4329 COLD HARBOR DR Address: 4329 COLD HARBOR DR Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: () Delete Title: (X) Change () Addition ORLANDO, JANE LACY, MICHAEL Name: Name: Address:

4329 COLD HARBOR DR Address: 4329 COLD HARBOR DR NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653 City-St-Zip:

Title: () Change (X) Addition Title: SEC () Delete Name:

Name: LAMBDIN, WILLIAM C Address: 4329 COLD HARBOR DR City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34653

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: JANE ORLANDO **PRES** 04/08/2009