2012 FOR PROFIT CORPORATION ANNUAL REPORT

aghment with an address, with all other like empowered.

AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

1 1 1 1 DOCUMENT # P10000011466 1. Entity Name BUILDERS DIRECT KITCHENS, INC. 12 MAY 17 PM 3: 13 AN A Principal Place of Business Mailing Address 3750 GALT OCEAN DRIVE 3750 GALT OCEAN DRIVE 1911 1911 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/11) 04302012 City & State 4. FEI Number Applied For City & State 90-0535120 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANKLEY, REID Street Address (P.O. Box Number is Not Acceptable) 3750 GALT OCEAN DRIVE 1911 FORT LAUDERDALE, FL 33308 City Zip Code 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. (NOTE, Registered Agent signature required when reinstaling) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00 9. Election Campaign Financing REMITTED BY MAY 1 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete Change TITLE TITLE <u>40</u>0235247504 BANKLEY, REID NAME 05/17/12--01018---025 STREET ADDRESS 3750 GALT OCEAN DRIVE #1191 STREET ADORESS **150.00 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33308 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS A. DUNLAF CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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