

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059194

FILED
Jun 24, 2009
Secretary of State

Entity Name: CONTRACTORS CABINET COMPANY

Current Principal Place of Business:

5512 W. SAMPLE RD.
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5512 W. SAMPLE RD.
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-0436045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JAN
6340 N.W. 55TH STREET
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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

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: BERNER, HAL
Address: 8565 N.W. 49TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: HOFFMAN, JAN
Address: 6340 N.W. 55 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAN HOFFMAN

V

06/24/2009

Electronic Signature of Signing Officer or Director

Date