
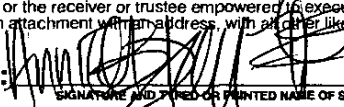


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90001 036 ***550.00

DOCUMENT # P94000061347 1. Entity Name K & K CABINETS, INC.					
Principal Place of Business 3677 23RD AVE E4 LAKE WORTH, FL 33461 US			Mailing Address 3677 23RD AVE E4 LAKE WORTH, FL 33461 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0520138			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDERSON, KEVIN B 710 WEST OCEAN AVE. BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name ANDERSON, KEVIN B. Street Address (P.O. Box Number is Not Acceptable) 8353 RAYMOND DRIVE City BOYNTON BEACH FL Zip Code 33437		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, KEVIN B 710 WEST OCEAN AVE. BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (ANDERSON, KEVIN B.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8353 RAYMOND DRIVE BOYNTON BEACH, FL 33437-1064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEVERLY, ANNICK B 710 WEST OCEAN AVE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V (DEVERY-DUZ, ANNICK B.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8353 RAYMOND DRIVE BOYNTON BEACH, FL 33437-1064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE:  ANNICK B. DEVERY-DUZ 7/8/04 561540.8009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					