

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000054589

Entity Name: THOMSON SELECT CABINETS, INC.

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

8110 CYPRESS PLAZA DR.  
SUITE 401  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

8110 CYPRESS PLAZA DR.  
SUITE 401  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:****New Mailing Address:**

FEI Number: 59-3327449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMSON, EDWARD J  
8110 CYPRESS PLAZA DR  
401  
JACKSONVILLE, FL 32256 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: THOMSON, CATHLEEN A  
Address: 430 TRIPLE CROWN LANE  
City-St-Zip: SAINT JOHNS, FL 32259

Title: P  
Name: THOMSON, EDWARD J  
Address: 430 TRIPLE CROWN LANE  
City-St-Zip: SAINT JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: EDWARD J. THOMSON

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date