2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000094882



FILED Jan 31, 2008 08:00 AN

t. Entity war	HC .		(Sacrata	war of State	
KEYWOOD CABINET DISTRIBUTORS CORP.					Secretar	ry of State	
Principal Place of Business		Mailing Address	Mailing Address		1		
1575 52ND STREET 6		•	POST OFFICE BOX 82				
MARATHON FL 33050			KEY COLONY BEACH FL 33051				
					_	.	
2. Principal Place of Business - No P.Q. Box #		# 3. Mailing Address	3. Mailing Address				
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (1	0/07)	
City & State		City & State	City & State		4. FEI Number 85-0630650	Applied For Not Applicable	
Zip	Zip Country Zip		Count	try	Certificate of Status Desired		
	6 Name and Address of C	urrent Renistered Agent			7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New negistered Age	114	
RUDELL, RICHARD F 1575 52ND ST. GULF MARATHON FL 33050				Street Address (P.O. Box Number is Not Acceptable)			
				or sort war sort in the same plants.			
				City	EL 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 according to the purpose of changing its registered agent, or both, in the State of Florida.							
	lions of registered agent.	and the purpose of one gar	g no ograna	or of the region of	as agon, or roughly to state of herital.	mai with the decept	
SIGNATURE	Signature, typed or printed pages of registro	ed agent and the Tumpi cable	(NOTE Registrated	Agant signatum required	S when reinstatings DATE		
After May 1; 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State:					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICER	S AND DIRECTORS	111.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11	
TITLE	D	☐ Derete	TITLE			Change	
NAME	RUDELL, RICHARD F		NAME	:		_	
STREET ADDRESS	ADDRESS 11231 FIFTH AVENUE GULF ST		STREE	et address	U00000806330 02/06/08-80038-011 150.00		
CITY-ST-ZIP	MARATHON FL 33050		CITY-	ST-ZIP	00,00,00 00000	1.00.00	
TITLE		☐ Derete	TITLÉ			Change 🔲 Addition	
NAME			NAME				
STREET ADDRESS				T ADDRESS			
CITY-SI-7IP			<u>}</u>	ST-ZIP	The state of the s		
LLIFE		☐ De ete	TITLE			Change 🔲 Addition	
NAME STREET ADDRESS			NAME -citôse	T ADDRESS	-		
CITY-ST-ZIP				ST-ZIP		ľ	
TITLE		☐ De/ete	TITLE			Change	
NAME		□ Dereit	NAME		ш	Onalige Addition	
STREET ADDRESS				F ADDRESS			
CITY-ST-ZIP				G1-ZIP			
TITLE		☐ De ⁱ ele	TITLE		П	Change	
MAME			NAME	1			
STREET ADDRESS			STREE	T ADDRESS			
CITY-ST-7IP			CITY-	ST-ZIP			
TITLE		☐ De:ele	TITLE			Change	
			NAME			ļ	
STREET ADDRESS			STREE	T ADEIRESS			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 ceth; 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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-SI-ZIP

OF SIGNING OFFICER OR DIRECTOR

305-743-6596