


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000008449</b><br>1. Entity Name<br><b>BUIS CUSTOM CABINETS, INC.</b> |  |
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| Principal Place of Business<br><b>1640 MILLER AVE. UNIT B/B<br/>CLEARWATER, FL 33756</b> | Mailing Address<br><b>1640 MILLER AVE. UNIT B/B<br/>CLEARWATER, FL 33756</b> |
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01152004 No Chg-P CR2E034 (10/03)

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|---|---|
| 4. FEI Number<br><b>59-3419263</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

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| 6. Name and Address of Current Registered Agent<br><br><b>BUIS, LUTHER<br/>2308 LISTON CIR<br/>PALM HARBOR, FL 34683</b> |
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|---|--|---------------------------------------|
| 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 <u>LUTHER O. Buis</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  | <u>[Signature]</u><br><small>(NOTE: Registered Agent's signature required when reinstalling)</small> | <u>1-15-04</u><br><small>DATE</small> |

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>BUIS, LUTHER<br/>2308 LISTON CIR<br/>PALM HARBOR, FL 34683</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>BUIS, RICHARD O<br/>6804 WINDWILLOW DR<br/>NEW PORT RICHEY, FL 34655</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered. |                                       |   |
| SIGNATURE: <u>LutHER O. Buis Pres</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | <u>1-15-04</u><br><small>Date</small> | <u>7275854406</u><br><small>Daytime Phone #</small> |