

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100678

FILED
Apr 10, 2007
Secretary of State

Entity Name: STATEWIDE CABINETRY INSTALLATION, INC.

Current Principal Place of Business:

7091 SOUTH 123 TERRACE
MORRISTON, FL 32668 US

New Principal Place of Business:

1759 SW 18TH STREET
WILLISTON, FL 32696 US

Current Mailing Address:

7091 SOUTH 123 TERRACE
MORRISTON, FL 32668 US

New Mailing Address:

FEI Number: 65-0799359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, BERNY M
6678 1ST AVE S
SAINT PETERSBURG, FL 337071320 US

Name and Address of New Registered Agent:

WOODS, CLAY A
7091 SE 123RD TERRACE
MORRISTON, FL 32668 US

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: CLAY A. WOODS

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODS, CLAY
Address: 7091 SOUTH 123 TERRACE
City-St-Zip: MORRISTON, FL 32668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: WOODS, CLAY
Address: 7091 SOUTH 123 TERRACE
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAY A. WOODS

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date