

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100678

FILED
May 02, 2008
Secretary of State

Entity Name: STATEWIDE CABINETRY INSTALLATION, INC.

Current Principal Place of Business:

1759 SW 18TH STREET
WILLISTON, FL 32696 US

New Principal Place of Business:

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:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: WOODS, MAUREEN K
Address: 7091 SE 123RD TERRACE
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify 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

05/02/2008

Electronic Signature of Signing Officer or Director

Date