

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021187

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: THE FINAL TOUCH KITCHEN CABINETS, INC.

## Current Principal Place of Business:

494 4TH PLACE SW  
VERO BEACH, FL 32962

## New Principal Place of Business:

## Current Mailing Address:

494 4TH PLACE SW  
VERO BEACH, FL 32962

## New Mailing Address:

FEI Number: 65-0902261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPARKS, DAVID  
494 4TH PLACE SW  
VERO BEACH, FL 32962 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: SPARKS, DANIEL  
Address: 494 4TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete  
Name: SPARKS, MICHAEL  
Address: 494 4TH PL SW  
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete  
Name: SPARKS, JAMES  
Address: 494 4TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete  
Name: SPARKS, THOMAS  
Address: 494 4TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: P (X) Delete  
Name: SPARKS, DAVID  
Address: 494 4TH PL. S.W.  
City-St-Zip: VERO BEACH, FL 32962

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: SPARKS, JAMES  
Address: 494 4TH PL SW  
City-St-Zip: VERO BEACH, FL 32962

Title: VP (X) Change ( ) Addition  
Name: SPARKS, THOMAS  
Address: 494 4TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: P (X) Change ( ) Addition  
Name: SPARKS, DAVID  
Address: 494 4TH PL SW  
City-St-Zip: VERO BEACH, FL 32962

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

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: DAVID SPARKS

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date