

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00863

FILED
Jan 14, 2009
Secretary of State

Entity Name: FLORIDA DESIGNER CABINETS, INC.

Current Principal Place of Business:

1034
S HWY 301
SUMTERVILLE, FL 33585 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA DESIGNER CABINET'S, INC
P.O. BOX 98
SUMTERVILLE, FL 33585 US

New Mailing Address:

FEI Number: 59-3027482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYRUS, ROBERT R
214-A NORTH THIRD STREET
LEESBURG, FL 34748 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: PMD () Delete
Name: MANN, BARRY
Address: 1034 S HWY 301/ PO BOX 98
City-St-Zip: SUMTERVILLE, FL 33585

Title: STD () Delete
Name: MANN, BARBARA
Address: 1034 S HWY 301/ PO BOX 98
City-St-Zip: SUMTERVILLE, FL 33585

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARBARA MANN

STD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date