## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V34348

FILED Apr 09, 2009 Secretary of State

Entity Name: MIKE GOTCHER'S CABINET & TRIM, INC.

Current P	rincinal Place	e of Business:	New Principal Place	of Business:	
	-	. or business.	New I interput I tace	or business.	
724 EAST EAST TAV	BAY WAS, MI 4873	0			
Current Mailing Address:		New Mailing Addres	New Mailing Address:		
16528 N E TAMPA, F	DALE MABRY I L 33618 U				
FEI Number	: 59-3124167	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	S, WALTER				
16528 N E TAMPA, F The above	DÂLE MABRY I L 33618 U	HWY S		ed office or registered agent, or both,	
16528 N E TAMPA, F The above	DALE MABRY I L 33618 U e named entity e of Florida.	HWY S			
16528 N E TAMPA, F The above in the Stat	PALE MABRY I IL 33618 U e named entity e of Florida. RE:	HWY S	purpose of changing its registere		
16528 N E TAMPA, F The above in the Stat SIGNATU	PALE MABRY I IL 33618 U e named entity e of Florida. RE: Electro	HWY S submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
16528 N ETAMPA, F The above in the State SIGNATU Election Ca	PALE MABRY I IL 33618 U e named entity e of Florida. RE: Electro	HWY S submits this statement for the plants this statement for the plants of Registered Age of Trust Fund Contribution ( ).	purpose of changing its registere	ed office or registered agent, or both,	
16528 N ETAMPA, F The above in the State SIGNATU Election Ca	PALE MABRY II  IL 33618 U  II and entity of Florida.  RE: Electro  II and Elec	HWY S submits this statement for the nic Signature of Registered Ag Trust Fund Contribution ( ).  ETORS: ) Delete KE	purpose of changing its registere	ed office or registered agent, or both,  Date	

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: WALTER SANDERS P 04/09/2009