

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 045 ***150.00

DOCUMENT # V45540 1. Entity Name INTERLACHEN CABINETS, INC.					
Principal Place of Business 2010 EAST STATE RD 20 HAWTHORNE, FL 32640 US			Mailing Address 331 SO CR 315 INTERLACHEN, FL 32148 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 323 South CR 315			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Interlachen, FL		4. FEI Number 59-3135822	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32148		Country USA		04232008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent QUINBY, EUGENE F JR 315 SOUTH 2 MILES FROM HWY 20 INTERLACHEN, FL 32148				7. Name and Address of New Registered Agent Name Eugene Quinby Street Address (P.O. Box Number is Not Acceptable) 323 South CR 315 City Interlachen FL Zip Code 32148	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINBY, EUGENE F JR 315 S. OF ST R 20 MILES INTERLACHEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	323 South CR 315 Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINBY, JACK F. 315 S. OF ST R 20 MILES INTERLACHEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	323 South CR 315 Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUINBY, SARAH R 315 S. OF SR 20 MILES INTERLACHEN, FL 32148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	323 South CR 315 Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINBY, PENNY 315 S. OF ST R 20 MILES INTERLACHEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	323 South CR 315 Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Eugene F. Quinby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-23-08 352481 6078 <small>Date Daytime Phone #</small>		