

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49445

Entity Name: T.J. CABINETRY, INC.

FILED  
Apr 09, 2008  
Secretary of State

## Current Principal Place of Business:

550 HOLTS LAKE CT  
#105  
APOPKA, FL 32703 US

## New Principal Place of Business:

522 LIVE PINE CIRCLE  
APOPKA, FL 32703 US

## Current Mailing Address:

550 HOLTS LAKE CT  
#105  
APOPKA, FL 32703 US

## New Mailing Address:

522 LIVE PINE CIRCLE  
APOPKA, FL 32703 US

FEI Number: 59-3132271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NIXON, TOM  
550 HOLTS LAKE CT  
#105  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

NIXON, TOM  
522 LIVE PINE CIRCLE  
APOPKA, FL 32703 US

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:

04/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: NIXON, TOM,  
Address: 550 HOLTS LAKE CT #105  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: NIXON, TOM,  
Address: 550 HOLTS LAKE CT #105  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: NIXON, TOM,  
Address: 522 LIVE PINE CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: NIXON, TOM,  
Address: 522 LIVE PINE CIRCLE  
City-St-Zip: APOPKA, FL 32703

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: TOM NIXON

PST

04/09/2008

Electronic Signature of Signing Officer or Director

Date