

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41767

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** R.W. SCHARF CABINETS AND MILLWORK, INC.

**Current Principal Place of Business:**

4180 NW 10TH AVE.  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

4180 NW 10TH AVE.  
OAKLAND PARK, FL 33309

**New Mailing Address:**

FEI Number: 65-0083622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHARF, RANDOLPH W.  
4180 NW 10TH AVE.  
OAKLAND PARK, FL 33309 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: PSD ( ) Delete  
Name: SCHARF, DEBRA  
Address: 7460 PLANTATION ROAD  
City-St-Zip: PLANTATION, FL 33317

Title: VTD ( ) Delete  
Name: SCHARF, RANDOLPH  
Address: 7460 PLANTATION ROAD  
City-St-Zip: PLANTATION, FL 33317

**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: DEBRA J SCHARF

PRES

04/22/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date