


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 004 ***550.00

DOCUMENT # P03000099210

1. Entity Name
IMAGE CABINETS, INC.



Principal Place of Business Mailing Address

~~6409 ORDUNA DRIVE~~ ~~6409 ORDUNA DRIVE~~ **5180 SCHUM**
SEBRING, FL 33872 **SEBRING, FL 33872**

5180 SCHUMACHER RD

00058647



2. Principal Place of Business 3. Mailing Address

5180 SCHUMACHER RD **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

07262005 Chg-P CR2E034 (10/03)

City & State City & State

SEBRING, FL _____

4. FEI Number Applied For

47-0929769 Not Applicable

Zip Country Zip Country

33872 **USA** _____ _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ, RAUL O
~~6409 ORDUNA DRIVE~~ **5529 MATANZAS JR**
SEBRING, FL 33872

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LOPEZ, RAUL O
STREET ADDRESS	6409 ORDUNA DRIVE 5529 MATANZAS JR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	D <input type="checkbox"/> Delete
NAME	LOPEZ, MILAGROS
STREET ADDRESS	6409 ORDUNA DRIVE 5529 MATANZAS JR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **RAUL LOPEZ, President**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # _____