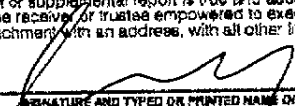


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124604		
1. Entry Name SUMNER CABINETS & CONSTRUCTION, INC.		
Principal Place of Business 29054 LAKELINDSEY ROAD NOBLETON, FL 34601		Mailing Address POST OFFICE BOX 10086 BROOKSVILLE, FL 34603
DO NOT WRITE IN THIS SPACE		
4. FEI Number 20-0374484		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent SUMNER, JOHN 29054 LAKELINDSEY ROAD NOBLETON, FL 34601		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retaining)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐
\$5.00 May Be Added to Fees		DATE 05/08/06-80105-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	SUMNER, JOHN	
STREET ADDRESS	29054 LAKELINDSEY ROAD	
CITY-ST-ZIP	NOBLETON, FL 34601	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4-24-06-352-796-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0374484

5. Certificate of Status Desired ☐ **\$6.75 Additional Fee Required**

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