## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000104772

Entity Name: A & M CUSTOM CABINETS, INC.

FILED Jul 20, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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6451 19TH ST. E. 2020 64 ST CT E

SARASOTA, FL 34243 BRADENTON, FL 34208 US

Current Mailing Address: New Mailing Address:

6451 19TH ST. E. 2020 64 ST CT E

SARASOTA, FL 34243 BRADENTON, FL 34208 US

FEI Number: 65-0878759 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GODWIN, LESTER III GODWIN, LESTER III 6451 19TH ST. E. GODWIN, LESTER III 2020 64 ST CT E

SARASOTA, FL 34243 US BRADENTON, FL 34208 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: LESTER GODWIN 07/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 GODWIN, LESTER III
 Name:
 GODWIN, LESTER III

 Address:
 6451 19TH ST. E.
 Address:
 2020 64 ST CT E

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 BRADENTON, FL 34208

Title: ST () Delete Title: T (X) Change () Addition

 Name:
 GODWIN, DEBRA A
 Name:
 GODWIN, DEBRA A

 Address:
 6451 19TH STREET E
 Address:
 2020 64 ST CT E

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 BRADENTON, FL 34208 US

 Title:
 ( ) Delete
 Title:
 VP ( ) Change (X) Addition

 Name:
 Name:
 THAYER, WILLIAM D

 Address:
 Address:
 11117 GOLDEN SILENCE DR.

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569 US

 Title:
 ( ) Delete
 Title:
 S ( ) Change (X) Addition

 Name:
 Name:
 THAYER, ROBIN A

 Address:
 Address:
 11117 GOLDEN SILENCE DR.

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESTER GODWIN P 07/20/2005