

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L37594

**Entity Name:** ANTIQUE & MODERN CABINETS, INC.

**Current Principal Place of Business:**

2384 VANS AVENUE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

2384 VANS AVENUE  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-2979766

**Certificate of Status Desired:** No

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

PATTERSON, WILLIAM P.  
2384 VANS AVENUE  
JACKSONVILLE, FL 32207 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            PATTERSON, WILLIAM P.  
Address        2384 VANS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title            DIRECTOR  
Name            PATTERSON, CYNTHIA K.  
Address        2384 VANS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title            PRESIDENT  
Name            PATTERSON, BENJAMIN P.  
Address        2384 VANS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP, SECRETARY, TREASURER  
Name            PATTERSON, WILLIAM T  
Address        2384 VANS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE:** CYNTHIA K. PATTERSON

**DIRECTOR**

**01/14/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date