

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103191

Entity Name: S M I CABINETRY, INC.**Current Principal Place of Business:**2715 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**Current Mailing Address:**2715 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**FEI Number:** 59-3492541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAN MEAD ATTORNEYS AT LAW
420 S ORANGE AVE
STE 700
ORLANDO, FL 32801 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:** MICHELLE HULL

01/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------------|
| Title | DV |
| Name | BERGIN, RUSSELL |
| Address | 2715 N. ORANGE BLOSSOM TRAIL |
| City-State-Zip: | ORLANDO FL 32804 |

| | |
|-----------------|------------------------------|
| Title | DST |
| Name | HULL, MICHELLE B |
| Address | 2715 N. ORANGE BLOSSOM TRAIL |
| City-State-Zip: | ORLANDO FL 32804 |

| | |
|-----------------|------------------------------|
| Title | DP |
| Name | HULL, ROBERT E |
| Address | 2715 N. ORANGE BLOSSOM TRAIL |
| City-State-Zip: | ORLANDO FL 32804 |

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: MICHELLE HULL

TREASURER

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date