

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 349795

1. Entity Name
FLORIDA CABINET & FIXTURES, INC.



Principal Place of Business
16235 NORTH FLORIDA AVE
LUTZ, FL 33549

Mailing Address
16235 NORTH FLORIDA AVE
LUTZ, FL 33549



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1078017

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMSEY, VERLAND D
304 LAKE KELL COURT
TAMPA, FL
LUTZ, FL 33549

**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 Verland D. Ramsey, Verland Don Ramsey 3/18/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000096289
03/25/04-80024-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMSEY, VERLAND D 304 LAKE KELL CT LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMSEY, LINDA A 304 LAKE KELL CT LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAMSEY, SCOTT A 304 LAKE KELL CT LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: Verland D. Ramsey, Verland Don Ramsey 3/18/04 813-961404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #