


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 349795 1. Entity Name FLORIDA CABINET & FIXTURES, INC.	
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Principal Place of Business 16235 NORTH FLORIDA AVE LUTZ, FL 33549	Mailing Address 16235 NORTH FLORIDA AVE LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1078017	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 DATE 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**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(3)(i), 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 DATE 4/11/05 DAYTIME PHONE # 813-961-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR