

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90017 038 \*\*\*150.00  
03-22-2004 90022 002 \*\*\*150.00

**DOCUMENT # 492847**

1. Entity Name  
**STANDARD CABINET CORPORATION**



Principal Place of Business  
**6302 ANDERSON ROAD  
TAMPA, FL 33634-8010**

Mailing Address  
**6302 ANDERSON ROAD  
TAMPA, FL 33634-8010**

**54020149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**11-1685087**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GAMBERG, SAMUEL  
1604 CULBREATH ISLES DR SOUTH  
TAMPA, FL  
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name  
**William Kalish, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S. Ashley Drive, Suite 1500**  
City  
**Tampa, FL** Zip Code  
**33602**

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

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PT  
**GAMBERG, SAMUEL** ☒ Delete  
**1604 CULBREATH ISLES DR.**  
**TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
**GAMBERG, ELSIE** ☒ Delete  
**1604 CULBREATH ISLES DR.**  
**TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
**GAMBERG, SAMUEL** ☒ Delete  
**1604 CULBREATH ISLES DR.**  
**TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTSD  
**Gamberg, Lloyd** ☐ Change ☒ Addition  
**5102 W. Hanna Avenue**  
**Tampa, FL 33634**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Lloyd Gamberg*

**Lloyd Gamberg, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #