

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90203 034 ***150.00

DOCUMENT # F47494

1. Entity Name

CANNADY CABINETS CORP.



Principal Place of Business

**9261 NE 21 AVE
ANTHONY
ANTHONY FL 32617**

Mailing Address

**9261 NE 21 AVE
ANTHONY
ANTHONY FL 32617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

59-2136784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, HELEN
3323 NW14TH ST -69
OCALA FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Delete
NAME CANNADY, CHARLES E
STREET ADDRESS RT 1 BOX 536
CITY-ST-ZIP ANTHONY FL

TITLE ☒ Change ☒ Addition
NAME CANNADY, LINDA J.
STREET ADDRESS 9261 NE 21st ave
CITY-ST-ZIP ANTHONY, FL 32617

TITLE PD ☒ Delete
NAME CANNADY, LINDA J
STREET ADDRESS RT 1 BOX 536
CITY-ST-ZIP ANTHONY FL

TITLE ☒ Change ☒ Addition
NAME CANNADY, CHARLES E
STREET ADDRESS 9261 NE 21st ave
CITY-ST-ZIP ANTHONY, FL 32617

TITLE VTD ☒ Delete
NAME DOVE, JULIE
STREET ADDRESS 17049 NE 37TH AVENUE
CITY-ST-ZIP CITRA FL

TITLE ☒ Change ☒ Addition
NAME DOVE, Julie
STREET ADDRESS 17049 NE 37th ave
CITY-ST-ZIP CITRA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ATKINSON, Tammy
STREET ADDRESS PO Box 631
CITY-ST-ZIP ANTHONY, FL 32617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CANNADY Jeffrey
STREET ADDRESS 9250 NE 27th Terr
CITY-ST-ZIP ANTHONY, FL 32617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Charles E Cannady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 629-
4/22/04 1190

Date

Daytime Phone #