

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # G61840 1. Entity Name ANDY'S CABINETS AND MILLWORKS, INC.	
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Principal Place of Business 5120 WOODLANE CIRCLE TALLAHASSEE, FL 32303	Mailing Address 5120 WOODLANE CIRCLE TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2337366	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOHNEY, J. ANDY 7000 FOXGROVE LANE TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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.

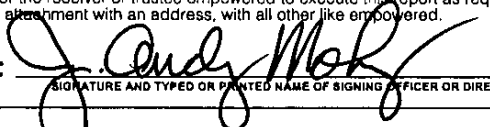
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOHNEY, J ANDY 7000 FOX GROVE LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHNEY, SANDRA H. 7000 FOXGROVE LANE TALLAHASSEE, FL
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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 exemptions contained in Chapter 119, 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: 	1-16-2008 850-562-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #