

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90214 039 ***150.00

DOCUMENT # H71254

1. Entity Name
BOZEMAN CABINET SHOP, INC.



Principal Place of Business
3009 EAST COURT
PANAMA CITY, FL 32401

Mailing Address
P O BOX 3518
PANAMA CITY, FL 32401

50019562



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2589664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAY, KENNETH L.
3009 EAST COURT *EAST 3rd Court*
PANAMA CITY, FL 32401

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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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAY, KENNETH L.
STREET ADDRESS	1714 FOSTER AVE.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	VP
NAME	BOZEMAN, EVELYN A.
STREET ADDRESS	2105 E. 2ND CT.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	VP
NAME	BOZEMAN, JAMES R.
STREET ADDRESS	2105 E. 2ND CT.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Kenneth L. Ray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/05 *850-763-6792*