



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90332 038 \*\*\*150.00

<b>DOCUMENT # H84784</b> 1. Entity Name <b>FINE CABINETRY BY RAYMOND NETHING, INC.</b>					
Principal Place of Business <b>4948 WINWOOD WAY</b> <b>ORLANDO, FL 32819 US</b>			Mailing Address <b>4948 WINWOOD WAY</b> <b>ORLANDO, FL 32819 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2594821</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NETHING, JR. R</b> <b>4948 WINWOOD WAY</b> <b>ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETHING JR., RAYMOND H. 4948 WINWOOD WAY ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, CONNIE LYNN 4948 WINWOOD WAY ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Raymond H. Nething Jr.</u> <b>RAYMOND H. NETHING JR</b> <b>4-28-06</b> <b>321-662-</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRES.</b> Date Daytime Phone # <b>8582</b>					

~~H84784~~  
Division of Corporations

Annual Report

Annual Report Help

Document Number

**H84784**

Business Entity Name

**FINE CABINETRY BY RAYMOND NETHING, INC.**

FEI Number

**592594821**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address **4948 WINWOOD WAY**

Suite, Apt., etc.

City, State **ORLANDO**, FL

Zip Code & Country **32819** US

**Mailing Address**

Address **4948 WINWOOD WAY**

Suite, Apt., etc.

City, State **ORLANDO**, FL

Zip Code & Country **32819** US

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) **NETHING**, JR., R

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **4948 WINWOOD WAY**

Suite, Apt., etc.

City, State **ORLANDO**, FL

Zip Code & Country **32819** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

~~184724~~  
entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP  
Name (Last, First, Middle, Title)  
- OR -  
Entity Name to serve as  
Officer/Director NETHING JR., RAYMOND H.  
Street Address 4948 WINWOOD WAY  
City, State ORLANDO, FL  
Zip Code & Country

Title DV  
Name (Last, First, Middle, Title)  
- OR -  
Entity Name to serve as  
Officer/Director MILLER, CONNIE LYNN  
Street Address 4948 WINWOOD WAY  
City, State ORLANDO, FL  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
- OR -  
Entity Name to serve as  
Officer/Director  
Street Address  
City, State  
Zip Code & Country

Title

**ATTACHMENT**  
**40072346**  
**1784784**

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
 Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
 Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

OR -

Entity Name to serve as  
 Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title **PRESIDENT**

Officer/Director Signature

*Ray H. Netting Jr.*

4-14-06

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.851.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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