

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # J65714

1. Entity Name
B & S CABINET MAKERS, INC.



Principal Place of Business
**% WILLIAM ALLEN SHUEY
651 INDUSTRIAL DRIVE
QUINCY, FL 32351**

Mailing Address
**% WILLIAM ALLEN SHUEY
649 INDUSTRIAL DR
QUINCY, FL 32351**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2796029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHUEY, WILLIAM ALLEN
649 INDUSTRIAL DRIVE
QUINCY, FL**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000381150
01/11/06-80041-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUEY, WILLIAM ALLEN 649 INDUSTRIAL DRIVE QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUEY, GLORIA H 649 INDUSTRIAL DRIVE QUINCY, FL
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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: W. A. Shuey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2006 (850) 627-1188

Date

Daytime Phone #