

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000563

**FILED**  
**Feb 10, 2005**  
**Secretary of State**

**Entity Name:** FISHER CABINET COMPANY, L.L.C.

**Current Principal Place of Business:**

2475 INTERSTATE CIRCLE  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

2475 INTERSTATE CIRCLE  
PENSACOLA, FL 32526

**New Mailing Address:**

**FEI Number:** 02-0531434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLSON, JEAN L MEMBER  
2475 INTERSTATE CIRCLE  
PENSACOLA, FL 32526 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** FISHER, SCOTT A MANAGER  
**Address:** 2610 OLD CHEMSTRAND ROAD  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** MGRM ( ) Delete  
**Name:** GILLSON, JEAN L MEMBER  
**Address:** 6351 AUDUBON DRIVE  
**City-St-Zip:** PENSACOLA, FL 32504

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JEAN L. GILLSON

MGRM

02/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date