

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27760

FILED
Apr 09, 2007
Secretary of State

Entity Name: D & D CUSTOM CABINETS, INC.

Current Principal Place of Business:

13369 CHAMBORD ST.
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

13369 CHAMBORD ST.
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 59-2979353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENECAL, ROCHELLE M
13369 CHAMBORD ST.
BROOKSVILLE, FL 34613 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SENECA III, DEWEY C
Address: 13369 CHAMBORD ST.
City-St-Zip: BROOKSVILLE, FL 34613

Title: STD () Delete
Name: SENECA, ROCHELLE M
Address: 13369 CHAMBORD ST
City-St-Zip: BROOKSVILLE, FL 34613

Title: V () Delete
Name: SENECA IV, DEWEY C
Address: 13369 CHAMBORD ST
City-St-Zip: BROOKSVILLE, FL 34613

Title: V () Delete
Name: LEYBECK, DENNIS M
Address: 6216 KURT ST
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCHELLE M. SENECA

STD

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date