

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 006 \*\*\*150.00

**DOCUMENT # L35907**

1. Entity Name

HOBE SOUND CUSTOM CABINETRY, INC.



Principal Place of Business

917 HILLCREST AVE  
STUART FL 34994  
US

Mailing Address

8616 SE LONGVIEW DR  
HOBE SOUND FL 33455

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1904 NE AVENIDA DRACAENA

Suite, Apt. #, etc.

City & State

City & State

JENSEN BEACH FL

Zip

Country

Zip

34957

Country

US

4. FEI Number

65-0162895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKSTONE, ROBERT  
8616 SE LONGVIEW DR  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

BLACKSTONE, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

1904 NE AVENIDA DRACAENA

City

JENSEN BEACH

FL

Zip Code

34957

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

*Robert Blackstone*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/31/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME BLACKSTONE, ROBERT ☒ Delete  
STREET ADDRESS 8616 SE LONGVIEW DR  
CITY-ST-ZIP HOBE SOUND FL

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME BLACKSTONE, ROBERT ☒ Change ☐ Addition  
STREET ADDRESS 1904 NE AVENIDA DRACAENA  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert Blackstone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BLACKSTONE

Date

1/31/05

Daytime Phone #

772 220 0210