


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90335 034 \*\*\*150.00

<b>DOCUMENT # P00000032305</b>	
1. Entity Name <b>THE CABINETMILL, INC.</b>	

Principal Place of Business <b>8725 STATE ROAD 52</b> <i>9038 State Rd 52, #31</i> HUDSON, FL 34667	Mailing Address <b>8725 STATE ROAD 52</b> HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3639982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BOYER, CLIFFORD J**  
**8725 STATE ROAD 52** *12105 Windriver Ln, #5*  
HUDSON, FL 34667 *2929*

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BOYER, CLIFFORD J 12105 WINDRIVER LN #5 HUDSON, FL 346672929
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BOYER, KAREN K 12105 WINDRIVER LN #5 HUDSON, FL 346672929
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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: *Cliff J Boyer* *1-27-05* *727 457 2504*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #