

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080426

Entity Name: ACF CABINETS, INC.

FILED
Mar 13, 2005
Secretary of State

Current Principal Place of Business:

10501-1/2 CONE GROVE ROAD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

11309 TRALEE DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-3672337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, JANA
2807 W BUSCH BLVD STE 202
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

ANDREWS & LINS, P.A.
711 W. FLETCHER AVENUE
SUITE B
TAMPA, FL 33612 US

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: JANA ANDREWS

03/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOSEA, RONALD G
Address: 11309 TRALEE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 N

Title: ST () Delete
Name: HOSEA, ELLA L
Address: 11309 TRALEE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 N

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ELLA HOSEA

ST

03/13/2005

Electronic Signature of Signing Officer or Director

Date