

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000108705

1. Entity Name
LOYD'S CABINETS, INC.



Principal Place of Business
**6182 HIGHWAY 4
BAKER, FL 32531**

Mailing Address
**PO BOX 654
BAKER, FL 32531**



05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3680372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOYD, TOM
6182 HIGHWAY 4
BAKER, FL 32531**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOYD, TOM 6182 HIGHWAY 4 BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOYD, ANNETTE 6182 HIGHWAY 4 BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOYD, SHANE 6182 HIGHWAY 4 BAKER, FL 32531
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000156285
05/05/04-80068-025-150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Michael S. Duffie* For Tom Loyd

4/30/04

850/682-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #