

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90266 050 ***150.00

DOCUMENT # P00000117365

1. Entity Name

CONVENTIONAL CABINETRY OF FLORIDA, INC.



Principal Place of Business

13429 CHAMBORD STREET
BROOKSVILLE FL 34613

Mailing Address

13429 CHAMBORD STREET
BROOKSVILLE FL 34613



2. Principal Place of Business

13341 Chambord Street

3. Mailing Address

13341 Chambord Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3692124

Applied For

Not Applicable

Zip

34613

Country

United States

Zip

34613

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, CHARLES
13429 CHAMBORD STREET
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name

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

13341 Chambord Street

City

Brooksville

FL

Zip Code

34613

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, 2006 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 O ☐ Delete
NAME MILLER, CHARLES
STREET ADDRESS 13429 CHAMBORD STREET
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE VP ☐ Delete
NAME MILLER, FAYETTE
STREET ADDRESS 13429 CHAMBORD STREET
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE O ☒ Change ☐ Addition
NAME Miller, Charles
STREET ADDRESS 13341 Chambord Street
CITY-ST-ZIP Brooksville, FL 34613

TITLE VP ☒ Change ☐ Addition
NAME Miller, Fayette
STREET ADDRESS 13341 Chambord Street
CITY-ST-ZIP Brooksville, FL 34613

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

352-596-6555

Daytime Phone #