2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000117365

1. Entity Name
CONVENTIONAL CABINETRY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
13341 CHAMBORD STREET BROOKSVILLE, FL 34613	13341 CHAMBORD STREET BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

03242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3692124	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, CHARLES
13341 CHAMBORD STREET
BROOKSVILLE, FL 34613

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000877470
04/14/08-80015-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	O
NAME	MILLER, CHARLES
STREET ADDRESS	13341 CHAMBORD ST
CITY-ST-ZIP	BROOKSVILLE, FL 34613

TITLE	VP
NAME	MILLER, FAYETTE
STREET ADDRESS	13341 CHAMBORD ST,
CITY-ST-ZIP	BROOKSVILLE, FL 34613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Charles M. Miller_   Pres.   3/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #