

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90182 007 ***150.00

DOCUMENT # P01000074589

1. Entity Name

TC CABINETS, INC.



Principal Place of Business

158 SW DOMINO WAY
LAKE CITY FL 32025
US

Mailing Address

224 NW SLAPPY DRIVE
LAKE CITY FL 32055
US

184 SW Windswept Glen

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

LAKE CITY, FL.

Suite, Apt. #, etc.

LAKE CITY, FL

City & State

City & State

Zip

32024

Country

Columbia

Zip

32024

Country

Columbia

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3733119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUGHERTY, DONALD L
158 SW DOMINO WAY
LAKE CITY FL 32025

Name

Donald L Daugherty

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

184 SW Windswept Glen

City

LAKE CITY, FL

FL

Zip Code

32024

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

Donald L Daugherty

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reissuing.

DATE

3/26/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DAUGHERTY, DONALD
STREET ADDRESS 158 SW DOMINO WAY
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Donald L Daugherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

Daytime Phone #