

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078320

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** HARVEY'S CABINET SHOP, INC.

**Current Principal Place of Business:**

186 PALMER STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

186 PALMER STREET  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

186 PALMER ST  
ST. AUGUSTINE, FL 32084

**FEI Number:** 59-3751143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, PAUL M  
6601 CROOKED CREEK LANE  
SAINT AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

HARVEY, PAUL M  
6601 CROOKED CREEK LANE  
SAINT AUGUSTINE, FL 32095 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HARVEY, PAUL M  
Address: 6601 CROOKED CREEK LN  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: PAUL M HARVEY

D

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date