

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000095444 1. Entity Name CABINET & FURNITURE MFG. CORP.			
Principal Place of Business 6544 44TH ST N 1208 PINELLAS PARK, FL 33781		Mailing Address 6544 44TH ST N 1208 PINELLAS PARK, FL 33781	
DO NOT WRITE IN THIS SPACE		04262005 No Chg-P CR2E034 (11/05)	
		4. FEI Number 69-2176298 Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONNELLY, GREG 6544 44TH ST N 1208 PINELLAS PARK, FL 33781		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 owner, and filer if applicable.		DATE _____ (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000561352 05/19/06-80011-004 158.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP P CONNELLY, GREG 6544 44TH ST N PINELLAS PARK, FL 33781			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE 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 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 filers empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Fees: 9/1/06 727-526-5945 Date Daytime Phone #	