

FILED
Feb 08, 2007 08:00 AM
Secretary of State

1. Entity Name
AMERICAN CUSTOM CABINETS, INC.



Mailing Address
110 WEST OAK ST.
ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE



4. FEI Number 80-0056191	Applied For
	Not Applicable

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

**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.

DATE _____

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

TITLE	D
NAME	PAUL, AVA
STREET ADDRESS	110 WEST OAK ST.
CITY-ST-ZIP	ARCADIA, FL 34266

TITLE	D
NAME	PAUL, TIM
STREET ADDRESS	110 WEST OAK ST.
CITY-ST-ZIP	ARCADIA, FL 34266

TITLE	D
NAME	WATSON, JOHN O JR.
STREET ADDRESS	110 WEST OAK ST.
CITY - ST - ZIP	ARCADIA, FL 34266

TITLE	D
NAME	WATSON, GAYLE B
STREET ADDRESS	110 WEST OAK ST.
CITY- ST- ZIP	ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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02/15/07-80039-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____