

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115300

1. Entity Name
DEEZ CABINETS, INC.



Principal Place of Business
1319 GREEN FOREST CT
416
WINTER GARDEN, FL 34787

Mailing Address
1319 GREEN FOREST CT
416
WINTER GARDEN, FL 34787

FILED
Sep 15, 2008 08:00 AM
Secretary of State



08162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURGIN, JOHN
689 BETHUNE AVE
WINTER GARDEN, FL 34787

**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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOBLE, LAWRENCE J
STREET ADDRESS	754 KLONDIKE STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	T
NAME	DURGIN, JOHN D
STREET ADDRESS	137341 DANIELS LANDING CIR
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959694
09/15/08-80002-028 150.00

**DO NOT WRITE
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: *John Durgin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08

Date

407-376-9805

Daytime Phone #