

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 023 ***150.00

DOCUMENT # P02000051373

1. Entity Name

DUFFIELD CABINETS, INC.



Principal Place of Business

**2027 WHITFIELD PK DR
SARASOTA FL 34243**

Mailing Address

**2027 WHITFIELD PK DR
SARASOTA FL 34243**

00009727



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0678350

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

**VOIGT, STEPHEN F ESQ.
2042 BEE RIDGE RD
SARASOTA FL 34239**

Name

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

City

FL

Zip Code

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

After May 1, 2005 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 **PT** ☒ Delete
NAME **HILL, LARRY**
STREET ADDRESS **4830 OSPREY DR 403**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

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

TITLE **S** ☒ Delete
NAME **HILL, JACKIE**
STREET ADDRESS **4830 OSPREY DR 403**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

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

TITLE ☒ Delete
NAME **~~HAUGER, ROGER~~**
STREET ADDRESS **6180 SUN BLVD., APT. 306**
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE ☒ Change ☐ Addition
NAME **V.S. HAUGEN, GISELA**
STREET ADDRESS **← SAME**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D HAUGEN, ROGER**
STREET ADDRESS **6180 SUN BLVD., APT. 306**
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE ☒ Change ☐ Addition
NAME **PT**
STREET ADDRESS **← SAME**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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:

Roger H. Haugen **ROGER H. HAUGEN PRES** 1-25-05 941-7534296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #