

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90006 049 \*\*\*550.00

DOCUMENT # P02000076173

1. Entity Name  
THOROUGHbred CABINETS, INC.



Principal Place of Business  
701 N.W. 37TH AVENUE  
OCALA, FL 34482

Mailing Address  
POST OFFICE BOX 5007  
OCALA, FL 34478

44050802



2. Principal Place of Business

3. Mailing Address

PO Box 5273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282004

Chg-P

CR2E034 (10/03)

City & State

City & State

Ocala FL

4. FEI Number

06-1642197

Applied For

Not Applicable

Zip

Country

Zip

Country

34478

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

BAINES, BRIAN P  
701 N.W. 37TH AVENUE  
OCALA, FL 34482

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BAINES, BRIAN P  
POST OFFICE BOX 5007  
OCALA, FL 34478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BAINES, MARK D  
POST OFFICE BOX 5007  
OCALA, FL 34478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

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: *B. P. Baines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04

Date

Daytime Phone #