

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000059103					
1. Entity Name DOUBLE S CABINETS, INC.					
Principal Place of Business 2708 W AIRPORT RD PLANT CITY, FL 33566			Mailing Address 2708 W AIRPORT RD PLANT CITY, FL 33566		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03152006 Chg-P CR2E034 (11/05) 4. FEI Number 61-1452062 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		
SISTRUNK, JAMES D 2708 W AIRPORT RD PLANT CITY, FL 33566			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SISTRUNK, JAMES D		NAME		
STREET ADDRESS	3011 S DER RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEREZ, VICTOR M		NAME		
STREET ADDRESS	4404 BOOT BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SISTRUNK, LEDA B		NAME		
STREET ADDRESS	3011 S DER RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: <i>Leda B. Sistrunk</i> Leda B Sistrunk			Date: 4-18-06 Daytime Phone #: 813.754-8779		