

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

05-03-2004 90452 009 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000065539 1. Entity Name TURNER CABINETRY DESIGN & DISTRIBUTION, INC.					
Principal Place of Business 944 COUNTRY CLUB BLVD. SUITE 209 CAPE CORAL FL 33990			Mailing Address 944 COUNTRY CLUB BLVD. SUITE 209 CAPE CORAL FL 33990		
2. Principal Place of Business 411 NW 20th Ter. Suite, Apt. #, etc.		3. Mailing Address PO Box 150504 Suite, Apt. #, etc.			
City & State Cape Coral, FL Zip 33993		City & State Cape Coral, FL Zip 33915		4. FEI Number 20-0039507	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, TRISHA A 944 COUNTRY CLUB BLVD SUITE 209 CAPE CORAL FL 33990				7. Name and Address of New Registered Agent Name: Trisha A. Turner Street Address (P.O. Box Number is Not Acceptable) 411 NW 20th Terrace City: Cape Coral FL 33993	
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: <u>Trisha A. Turner</u> 4/19/04 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T TURNER, JEREMY W 772 PONDELLA RD APT N165 N. FT. MYERS FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTMELL, PAUL W 526 NW 21ST ST CAPE CORAL FL 33993		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALE, NATHAN K 1763 FOUR MILE COVE APT 626 CAPE CORAL FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, TRISHA A 772 PONDELLA RD APT N165 N. FT. MYERS FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Trisha A. Turner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/19/04 (239) 425-5607 <small>Date Daytime Phone #</small>		