

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 004 ***550.00

DOCUMENT # P03000099210

1. Entity Name
IMAGE CABINETS, INC.



Principal Place of Business
~~6409 ORDUNA DRIVE~~
SEBRING, FL 33872
5180 SCHUMACHER RD

Mailing Address
~~6409 ORDUNA DRIVE~~
SEBRING, FL 33872
5180 SCHUMACHER RD

2. Principal Place of Business
5180 SCHUMACHER RD

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
SEBRING, FL

City & State

Zip
33872

Country
USA

Zip
Country

07262005 Chg-P CR2E034 (10/03)

4. FEI Number
47-0929769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOPEZ, RAUL O
~~6409 ORDUNA DRIVE~~
SEBRING, FL 33872
5529 MATANZAS JR

7. Name and Address of New Registered Agent

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D LOPEZ, RAUL O**
STREET ADDRESS ~~6409 ORDUNA DRIVE~~ **5529 MATANZAS JR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Delete
NAME **D LOPEZ, MILAGROS**
STREET ADDRESS ~~6409 ORDUNA DRIVE~~ **5529 MATANZAS JR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

RAUL LOPEZ, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #