


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000121710	
1. Entity Name A&R CABINET INSTALLATION, INC.	
	
Principal Place of Business 787 COMMERCE DR UNIT 17 VENICE, FL 34292	Mailing Address 787 COMMERCE DR UNIT 17 VENICE, FL 34292

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0529954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**T&H COMPTROLLERS, INC.
200 CAPRI ISLES BLVD.
VENICE, FL 34292**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**000000865565
04/07/08-80033-022 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NOWLAN, ROBERT J 808 GOLF DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PACKARD, GARY A 591 ASTON WOODS COURT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES NOWLAN, ANA C 808 GOLF DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY PACKARD - SEC

3/18/08

Date

941-488-8413

Daytime Phone #