


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000130152 1. Entity Name ABC CABINETS, INC.	
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Principal Place of Business 333 E Highbanks Road Ste 25 DeBary, FL 32713	Mailing Address 333 E Highbanks Road Ste 25 DeBary, FL 32713
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0852948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HORNUNG, RICHARD 333 E Highbanks Road Ste 25 DeBary, FL 32713
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNUNG, RICHARD 333 E. Highbanks RD #25 DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNUNG, RICHARD 333 E. Highbanks RD #25 DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORNUNG, RICHARD 333 E. Highbanks RD #25 DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNUNG, RICHARD 333 E. Highbanks RD #25 DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/05-80021-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  RICHARD HORNUNG, PRES. 2-28-2005 (407) 716-3019	Date _____ Daytime Phone # _____
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