


FILED
Apr 29, 2004 8:00 am
Secretary of State

17U100000

DOCUMENT # P03000133842				04-29-2004 90327 031 ***150.00	
1. Entity Name BILL'S CUSTOM CABINETS OF PENSACOLA, INC.					
Principal Place of Business 8 VICTORIA PLACE PENSACOLA, FL 32507		Mailing Address 8 VICTORIA PLACE PENSACOLA, FL 32507			
2. Principal Place of Business		3. Mailing Address		11010000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0397358	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS AND SANDFORT ACCOUNTANTS PA 1301 W GARDEN ST PENSACOLA, FL 32501			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, BILLY		NAME		
STREET ADDRESS	8 VICTORIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, JANE		NAME		
STREET ADDRESS	8 VICTORIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 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: <i>Billy Roberts</i>		4-27-04 850-293-843			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			