



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/2/2005-90013-035-\$550.00-\$550.00

DOCUMENT # P03000140837~ 1. Entity Name THREE POINTS CABINETS INC.						FILED 05 SEP 17 AM 9: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																																																																																																																																																																									
Principal Place of Business 6835 NARCOOSSEE ROAD ORLANDO FL 32822 US				Mailing Address 6835 NARCOOSSEE ROAD ORLANDO FL 32822 US																																																																																																																																																																											
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																											
City & State				City & State																																																																																																																																																																											
Zip		Country		Zip		Country																																																																																																																																																																									
4. FEI Number 20-0435324				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																																											
6. Name and Address of Current Registered Agent NEAL, ROBERT 6835 NARCOOSSEE ROAD ORLANDO FL 32822				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 \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>																																																																																																																																																																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="4" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 15%;">Delete</td> <td style="width: 15%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 15%;">Change</td> <td style="width: 15%;">Addition</td> </tr> <tr> <td>NAME</td> <td>NEAL, ROBERT</td> <td><input type="checkbox"/></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4068 ANTHONY LANE</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32822</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DPT</td> <td><input type="checkbox"/></td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>DENTON, DONALD</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7564 W CHARLIN PARKWAY</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32822</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>								10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				TITLE	NAME	Delete		TITLE	NAME	Change	Addition	NAME	NEAL, ROBERT	<input type="checkbox"/>		NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	4068 ANTHONY LANE			STREET ADDRESS				CITY-ST-ZIP	ORLANDO FL 32822			CITY-ST-ZIP				TITLE	DPT	<input type="checkbox"/>		TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME	DENTON, DONALD			NAME				STREET ADDRESS	7564 W CHARLIN PARKWAY			STREET ADDRESS				CITY-ST-ZIP	ORLANDO FL 32822			CITY-ST-ZIP				TITLE		<input type="checkbox"/>		TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				NAME				STREET ADDRESS				STREET ADDRESS				CITY-ST-ZIP				CITY-ST-ZIP				TITLE		<input type="checkbox"/>		TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				NAME				STREET ADDRESS				STREET ADDRESS				CITY-ST-ZIP				CITY-ST-ZIP				TITLE		<input type="checkbox"/>		TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				NAME				STREET ADDRESS				STREET ADDRESS				CITY-ST-ZIP				CITY-ST-ZIP			
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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>Donald Denton</i> Donald Denton				8-30-05 407-281-1995																																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																																																																																																																																																											