

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140837	
1. Entity Name THREE POINTS CABINETS INC.	
Principal Place of Business 6835 NARCOOSSEE ROAD ORLANDO, FL 32822 US	Mailing Address 6835 NARCOOSSEE ROAD ORLANDO, FL 32822 US



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0435324	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEAL, ROBERT
6835 NARCOOSSEE ROAD
ORLANDO, FL 32822**

**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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS NEAL, ROBERT 4068 ANTHONY LANE ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DENTON, DONALD 7564 W CHARLIN PARKWAY ORLANDO, FL 32822
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08/24/06-80001-012 550.00

**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

Date

Daytime Phone #

Donald C Denton **DONALD C DENTON** 8-1206 407-281-1995