

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/ **FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90106 016 \*\*\*158.75

<b>DOCUMENT # P03000141297</b> 1. Entity Name <b>D &amp; M CUSTOM CABINETS AND INSTALLATION, INC.</b>	
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Principal Place of Business <b>16027 SW 15TH AVENUE NEWBERRY, FL 32669</b>	Mailing Address <b>16027 SW 15TH AVENUE NEWBERRY, FL 32669</b>
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66020426



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GAY, MARK E 16027 SW 15TH AVENUE NEWBERRY, FL 32669</b>
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**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 Mark E Gay **Mark E Gay** 6/19/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	<b>P GAY, MARK E 16027 SW 15TH AVENUE NEWBERRY, FL 32669</b>
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**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: Mark E Gay **Mark E Gay** 6/19/06 258-4782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #