## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000142910

City-St-Zip:

Entity Name: D & D CUSTOM CABINETS OF CITRUS COUNTY, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
	EW LENOX L ON, FL 34434								
Current M	N	ew Maili	ng Addres	s:					
	IEW LENOX L ON, FL 34434								
FEI Number: 20-0458391 FEI Number A		FEI Number Applied Fo	· ( ) FEI Numbe	FEI Number Not Applicable ( )			Certificate of Status Desired ( )		
Name and	ent: N	ame and	Address o	f New Re	gistered Agent:				
1795 W. N DUNNELL	N, DONALD C IEW LENOX L ON, FL 34434	ANE US	:	h i	·•				
	named entity e of Florida.	submits this statement i	or the purpose of c	hanging i	its registere	d office or	registered agent, or both	ı	
SIGNATUI	RE:								
	Electron	nic Signature of Registe	red Agent				Date		
Election Car	npaign Financin	g Trust Fund Contribution	( ).						
OFFICERS AND DIRECTORS:				DDITION	IS/CHANG	ES TO OF	FICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	DP ( ROBINSON, DO 1795 W. NEW DUNNELLON, I	LENOX LANE	Na Ac	tle: ame: ddress: ity-St-Zip:		() Change	( ) Addition		
Title: Name: Address:	(	) Delete	Na	tle: ame: ddress:	BOOK WEISEMAN 1512 SUGA	, CAROLYN	(X) Addition C		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN WEISEMAN BOOK 04/20/2009

INDEPENDENCE, VA 24348