

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P03000146335

1. Entity Name
JEFFREY BONENFANT CABINETS, INC.



Principal Place of Business
**5494 NEPTUNE BAY CIRCLE
ST. CLOUD, FL 34769**

Mailing Address
**5494 NEPTUNE BAY CIRCLE
ST. CLOUD, FL 34769**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0471238

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BONENFANT, JEFFREY A
5494 NEPTUNE CIRCLE
ST. CLOUD, FL 34769**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000758384
05/23/07-80109-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONENFANT, JEFFREY A
STREET ADDRESS	5494 NEPTUNE BAY CIRCLE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Jeffrey A Bonenfant 1/30/07 321-231-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #