

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90010 045 ***150.00

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1. Entity Name

LALONDE CABINETS, INC.



Principal Place of Business
330 E REEHILL ST
LECANTO FL 34461

Mailing Address
330 E REEHILL ST
LECANTO FL 34461



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

330 Reehill St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lecanto, FL

4. FEI Number 86-1090996

Applied For
Not Applicable

Zip

Country

Zip
34461

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LALONDE, LINDA
330 E REEHILL ST
LECANTO FL 34461

Name Robert Lalonde

Street Address (P.O. Box Number is Not Acceptable)

330 Reehill St.

City Lecanto

FL

Zip Code
34461

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 Robert A. Lalonde - Robert Lalonde - President 1-29-07
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LALONDE, ROBERT
STREET ADDRESS 330 E REEHILL ST
CITY ST ZIP LECANTO FL 34461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert A. Lalonde - Robert Lalonde - President 1-29-07 352-631-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #