


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000154999 |  |
| 1. Entity Name JEFFREY KOLENDO CABINETRY & FINISHING INC | |

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|---|---|
| Principal Place of Business 8706 CITRUS PARK BLVD. FT PIERCE, FL 34951 US | Mailing Address 8706 CITRUS PARK BLVD. FT PIERCE, FL 34951 US |
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05112005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0519739 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOLENDO, JEFFREY
8706 CITRUS PARK BLVD.
FT PIERCE, FL 34951**

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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: *Jeffrey Kolendo* President 5/10/05
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 7, 2005**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOLENDO, JEFFREY 8706 CITRUS PARK BLVD. FT PIERCE, FL 34951 |
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05/13/05-80005-007 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Kolendo* 5/10/05 722 633 5284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #