

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90062 038 ***150.00

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1. Entity Name
MIKE'S QUALITY CABINETS, INC.



Principal Place of Business
**10711 N COMMONWEALTH AVE
POLK CITY, FL 33868**

Mailing Address
**PO BOX 7166
WINTER HAVEN, FL 33883-7166**

50013635



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

200576517

Not Applicable

Zip

Country

Zip

Country

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

**PROFESSIONAL TAX CONSULTANTS, INC
112 AVENUE E SW
WINTER HAVEN, FL 33880**

Name

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

City

FL

Zip Code

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME GLAWSON, MICHAEL
STREET ADDRESS 10711 N COMMONWEALTH AVENUE
CITY-ST-ZIP POLK CITY, FL 33868

TITLE P ☐ Change ☐ Addition
NAME Michael
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FUSSELL, GEORGE T JR.
STREET ADDRESS 697 COUNTRY ROAD 559A
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE P ☒ Change ☐ Addition
NAME GLAWSON, MICHAEL E
STREET ADDRESS 10711 N COMMONWEALTH AVE
CITY-ST-ZIP POLK CITY, FL 33868

TITLE S ☐ Delete
NAME YOST, RONALD A
STREET ADDRESS 411 SUWANNEE RD SE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 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: *Michael E. Glawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-05 *863 984 9846*
Date Daytime Phone #