

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90209 005 \*\*\*150.00

DOCUMENT # P04000002976

1. Entity Name  
COVENANT CUSTOM CABINETS & COUNTERTOPS, INC.



Principal Place of Business  
60 WILLIAMS ST.  
MULBERRY, FL 33860

Mailing Address  
60 WILLIAMS ST.  
MULBERRY, FL 33860

40081122



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0135112

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BAKER, LORNE P  
60 WILLIAMS ST.  
MULBERRY, FL 33860

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BAKER, LORNE P  
STREET ADDRESS 60 WILLIAMS ST.  
CITY-ST-ZIP MULBERRY, FL 33860

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06  
Date

Daytime Phone #