

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90082 043 \*\*\*158.75

|                                                   |  |                                                                                   |
|---------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000020270</b>                    |  |  |
| 1. Entity Name<br><b>FITZHENRY CABINETS, INC.</b> |  |                                                                                   |

|                                                                                        |                                                                        |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>27641 LINCOLN PLACE<br/>ZEPHYRHILLS, FL 33544 US</b> | Mailing Address<br><b>P.O. BOX 7479<br/>WESLEY CHAPEL, FL 33543 US</b> |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                           |                                                |
|-----------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business<br><b>4918 Airport Rd.</b> | 3. Mailing Address<br><b>4918 Airport Road</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                            |

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| City & State<br><b>Zephyrhills, FL</b> | City & State<br><b>Zephyrhills, FL</b> |
| Zip<br><b>33542</b>                    | Country<br><b>U.S.</b>                 |
| Zip<br><b>33542</b>                    | Country<br><b>U.S.</b>                 |



01032005 Chg-P CR2E034 (10/03)

|                                                                                                                                                  |  |                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>LENTZ &amp; ASSOCIATES, P.A.<br/>35095 U.S. 19 NORTH<br/>101<br/>PALM HARBOR, FL 34684</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

|                                                                               |                                                                                                                            |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>FITZHENRY, RAYMOND T<br/>P.O. BOX 7479<br/>WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>Raymond Fitzhenry<br/>4918 Airport Road<br/>Zephyrhills, FL 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>FITZHENRY, ELLEN E<br/>P.O. BOX 7479<br/>WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>ELLEN Fitzhenry<br/>4918 Airport Road<br/>Zephyrhills, FL 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FITZHENRY, CHAD M<br/>P.O. BOX 7479<br/>WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>CHAD Fitzhenry<br/>4918 Airport Road<br/>Zephyrhills, FL 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>FITZHENRY, RAYMOND T<br/>P.O. BOX 7479<br/>WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>Raymond Fitzhenry<br/>4918 Airport Road<br/>Zephyrhills, FL 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |

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: Ronald T. Fitzhenry : 2/24/05 813-779-4344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

158.75