


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000026832 1. Entity Name HANG-EM RITE CABINET INSTALLATION, INC.	
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Principal Place of Business 101 S EGRET SEBRING, FL 33872	Mailing Address 101 S EGRET SEBRING, FL 33872 US
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0700802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHAPMAN, TOBY D
101 S EGRET
SEBRING, FL 33872**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAPMAN, TOBY D 101 S EGRET SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC VASS, JILL C 520 MAGNOLIA AVE. APT.C SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHAPMAN, BETSY J 101 S. EGRET ST. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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06/03/08-80001-010 150.00

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: Toby D Chapman **4-30-08** **863-381-1659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #