

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000028224</b> 1. Entity Name <b>B&amp;C CABINETS, INC.</b>	
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Principal Place of Business <b>3203 GENERAL ELECTRIC RD BAY 9 &amp; 10 PLYMOUTH, FL 32768</b>	Mailing Address <b>PO BOX 714 PLYMOUTH, FL 32768</b>
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DO NOT WRITE IN THIS SPACE

FILED  
10 APR 20 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02232010 No Chg-P CR2E034 (11/08)

4. FEI Number <b>51-0497245</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

BAILEY, RICK A  
3203 GENERAL ELECTRIC RD  
UNITS 9 & 10  
PLYMOUTH, FL 32768

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2010 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, LARRY L PO BOX 714 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RICK A PO BOX 714 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/10--01031--011 \*\*150.00

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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: LARRY L. Clark 41410 407-886-4538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #