2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # P94000041442 1. Entity Name 03-23-2005 90038 029 ***150.00 MARTIN'S CABINETS, INC. Principal Place of Business Mailing Address 2306 WELLS AVENUE ALVA FL 33920 2306 WELLS AVENUE ALVA FL 33920 2. Principal Place of Business 3. Mailing Address Suite Ant #. etc. , Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 2<u>0-0809356</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDROCK, MARTIN P. 2306 WELLS AVENUE Street Address (P.O. Box Number is Not Acceptable) **ALVA FL 33920** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1,2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE Change ☐ Addition NAME HENDROCK, MARTIN P KAME STIFEET ADDRESS 2306 WELLS AVE STREET ADORESS CITY-ST-ZIP **ALVA FL 33920** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE TITLE Delete Change ☐ Addilion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-73P 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 tike empowered. SIGNATURE: > OFFICER OR DIRECTOR