

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P04000073654

1. Entity Name
TCB CABINETS, INC.



Principal Place of Business

1440 HIGHWAY 78 W
OKEECHOBEE, FL 34974 US

Mailing Address

1440 HIGHWAY 78 W
OKEECHOBEE, FL 34974 US



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1646655

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ETCHISON, MARILYN J
1440 HIGHWAY 78 W
OKEECHOBEE, FL 34974

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ETCHISON, GEORGE D
STREET ADDRESS 564 SE 39TH TERRACE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE VP
NAME ETCHISON, MARILYN J
STREET ADDRESS 564 SE 39TH TERRACE
CITY-ST-ZIP OKEECHOBEE, FL 34974

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U000000786136
01/17/08-80028-016 150.00

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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:

Marilyn Etchison Marilyn Etchison 1-14-08 467-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #