

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076114

FILED
Jan 10, 2005
Secretary of State

Entity Name: CARRABELLE CUSTOM CABINETRY, INC.

Current Principal Place of Business:

PO BOX 844
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

PO BOX 844
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAXMAN, JOHN T ESQ
1832 N DIXIE HWY
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DRAUGHN, JAMES
Address: 6-5 PARKER ST
City-St-Zip: LANARK VILLAGE, FL 32322

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITAKER, JOHN
Address: PO BOX 844
City-St-Zip: CARRABELLE, FL 32322

Title: S () Change (X) Addition
Name: DRAUGHN, JAMES
Address: 5-6 PARKER
City-St-Zip: LANARK, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WHITAKER

D

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date