

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000086623**

1. Entity Name  
**M&M CABINET INSTALLERS INC.**



Principal Place of Business  
**108 SOUTH CHARLENE DR  
PANAMA CITY, FL 32404 US**

Mailing Address  
**108 SOUTH CHARLENE DR  
PANAMA CITY, FL 32404 US**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1263647**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VITTORE, MICHAEL SR.  
108 SOUTH CHARLENE DR.  
PANAMA CITY, FL 32404**

**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 restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	P VITTORE, MICHAEL SR. 108 SOUTH CHARLENE DR. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VITTORE, MICHAEL JR. 108 SOUTH CHARLENE DR. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. VITTORE, KATHLEEN J 108 SOUTH CHARLENE DR. PANAMA CITY, FL 32404
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05/02/07-80080-023 158.75

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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:** MICHAEL VITTORE SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07  
Date

(850) 871-1631  
Daytime Phone #