

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 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**



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1263647	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$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 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**

**U00000915092
05/08/08-80079-023 158.75**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: _____

[Signature]

4/19/08

850-276-7260