

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102502

1. Entity Name  
A & Y CABINET INSTALLER, INC



Principal Place of Business  
2154 W OAKRIDGE RD - APT A  
ORLANDO, FL 32809

Mailing Address  
2154 W OAKRIDGE RD - APT A  
ORLANDO, FL 32809

FILED

05 JUL 15 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

34-2006172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, IVAN  
2154 W OAKRIDGE RD - APT A  
ORLANDO, FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME RODRIGUEZ, IVAN E  
STREET ADDRESS 2154 W OAKRIDGE RD - APT A  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE  
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/05

Daytime Phone #

A & Y CABINET INSTALLER, INC  
2154 W. OAKRIDGE RD. APPT A  
ORLANDO, FL 32809

407-251-7492

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DIVISION OF CORPORATIONS  
P.O. BOX 6198  
TALLAHASSEE, FL 32314-6198

GENTLEMEN:

DOCUMENT # P04000102502

WE HAVE RECEIVED YOUR "NOTICE OF INTENT TO DISSOLVE " ASKING FOR  
A TOTAL FEE OF \$550.00 AND WISH TO REPLY THAT THIS IS THE FIRST  
AND ONLY NOTICE WE HAVE RECEIVED FROM THE DIVISION OF CORPORATION  
OUR CORPORATION WAS ESTABLISHED 07/07/2004 AND THIS IS THE FIRST  
CORRESPONDENCE WITH THE DIVISION OF CORPORATION.

SINCE IT IS VERY IMPORTANT FOR US TO CONTINUE DOING BUSINESS IN THE  
STATE OF FLORIDA, WE ARE ASKING YOU TO WITHDRAW THE \$400.00 PENALTY  
CHARGE.

WE ARE ENCLOSING OUR CHECK OF \$150.00 TO MAINTAIN ACTIVE OUR  
CORPORATION.

WE SHALL GREATLY APPRECIATE YOUR ABATEMENT OF THE \$400.00 PENALTY.

RESPECTFULLY YOURS.

PRESIDENT  
IVAN E RODRIGUEZ

