2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000114494 1. Entity Name HANGTIME CABINET INSTALLATION, INC.						0, 2, 2000	90 20 1 03	66 ***15	
Principal Place of Business 5223 SIESTA DEL RIO DR IACKSONVILLE, FL 32258		Mailing Address 5223 SIESTA DEL RIO DR JACKSONVILLE, FL 32258		•	- -				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192005	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number	16393	13	- 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add se Required	
	6. Name and Address of Current	Registered Agent	_		7. Name and A	ddress of New R	egistered Ag	ent	
	S 0444151 5 15			Name					
LAWRENCE, SAMUEL F JR 5223 SIESTA DEL RIO DR JACKSONVILLE, FL 32258				Street Address (P.O. Box Number is Not Acceptable)					
JAOROOM	VILLE, 7 E OZZOO								
ł				City			FL	Zip Code	Э
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.					red agent, or both	, in the State of Flo		niliar with,	and accept
SIGNATURE									
	Signature, typed or printed name or registered ages:	and the supplication. (NO)	c: negistare	to Agent Signazare require) with less remit)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.				.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND D	IRECTORS	
TITLE	D CAMPENCE CAMPLE E ID	☐ Delete	TITE					Change	☐ Addition
NAME STREET ADDRESS	LAWRENCE, SAMUEL F JR 5223 SIESTA DEL RIO DR								_
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indicated on this report or supplied with all sharing 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 suppliemental 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: _