

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 040 ***150.00

DOCUMENT # P04000152947

1. Entity Name

ANGIE'S CUSTOM CABINETS INC.



Principal Place of Business

571 BRICKELL ST.
PALMBAY FL 32909

Mailing Address

571 BRICKELL ST.
PALMBAY FL 32909

50021761

2. Principal Place of Business

633 Washburn Rd
Suite, Apt. #, etc.
#21

3. Mailing Address

491 Alameda Ave.
Suite, Apt. #, etc.
S.E.

City & State

Meib. FL

City & State

Palmbay, FL

Zip
32935

Country
Brevard

Zip
32909

Country

4. FEI Number

20-1961622

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT R
1130 VALENCIA ST SE
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name

Same

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

491 Alameda Ave. SE.

Palmbay

City

FL

Zip Code

32909

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 Robert R Pierce / owner

Signature, typed or printed name of registered agent and title if applicable.

Robert R Pierce

(NOTE: Registered Agent signature required when reinstating)

3/15/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PIERCE, ANGELA M	
STREET ADDRESS	1130 VALENCIA ST. SE	
CITY-ST-ZIP	PALMBAY FL 32909	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, TIMOTHY F	
STREET ADDRESS	571 BRICKELL ST	
CITY-ST-ZIP	PALM BAY F 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, ROBERT	
STREET ADDRESS	571 BRICKELL ST.	
CITY-ST-ZIP	PALMBAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	491 Alameda Ave. SE	
CITY-ST-ZIP	PALMBAY FL - 32909	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	574 NOT I	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	491 Alameda Ave. SE.	
CITY-ST-ZIP	PALMBAY FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Angela M Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

(321) 255-1301

Daytime Phone #