

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90022-015-\$150.00-\$150.00

DOCUMENT # P05000051987

1. Entity Name  
FOURTH DIMENSION CABINETS, INC.



06 SEP 26 PM 1:10

Principal Place of Business  
156 CONCORD CIR.  
PANAMA CITY, FL 32405

Mailing Address  
156 CONCORD CIR.  
PANAMA CITY, FL 32405



2. Principal Place of Business

400-A West 13th Street  
Suite, Apt. #, etc.

3. Mailing Address

400-A West 13th Street  
Suite, Apt. #, etc.

08302008

Chg-P

CR2E034 (11/05)

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

20-2550823

Applied For

Not Applicable

Zip

32401

Country

Zip

32401

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLS, DAVID E JR  
156 CONCORD CIR.  
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name

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

400-A West 13th Street

City

Panama City

FL

Zip Code

32401

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  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C  
NAME MILLS, DAVID E JR  
STREET ADDRESS 156 CONCORD CIR.  
CITY-ST-ZIP PANAMA CITY, FL 32405

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 400-A West 13th Street  
CITY-ST-ZIP Panama City FL 32401

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*David E Mills Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-06

Date

850 215 8346

Ultimate Phone #