


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000051987</b>	
1. Entity Name <b>FOURTH DIMENSION CABINETS, INC.</b>	

Principal Place of Business <b>400 A WEST 13TH STREET PANAMA CITY, FL 32401</b>	Mailing Address <b>400 A WEST 13TH STREET PANAMA CITY, FL 32401</b>
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05102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2550823</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

<b>MILLS, DAVID E JR 400 A WEST 13TH STREET PANAMA CITY, FL 32401</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C MILLS, DAVID E JR 400 A WEST 13TH STREET PANAMA CITY, FL 32401</b>
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09/06/07-80003-004 158.75

**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:** David E Mills Jr **David E Mills Jr Pres.** 9-30-07 850 215 8346  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #