2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-02-2008 90129 009 ***150.00

DOCUMENT # P05000059926

1. Entity Name
MASTER - KRAFT CABINETRY, INC.

Principal Place of Business
161 OSPREY HEIGHTS DRIVE
WINTER HAVEN, FL 33880

Mailing Address
161 OSPREY HEIGHTS DRIVE
WINTER HAVEN, FL 33880

bbu10

03082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3720532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMMERMAN, STACY A
161 OSPREY HEIGHTS
WINTER HAVEN, FL 33880

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: Stacy Ammerman, VP Stacy Ammerman 3-13-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMMERMAN, JONATHAN C
STREET ADDRESS	161 OSPREY HEIGHTS DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VP
NAME	AMMERMAN, STACY A
STREET ADDRESS	161 OSPREY HEIGHTS DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	SEC
NAME	AMMERMAN, NICHOLAS C
STREET ADDRESS	4920 N. CHARLIE TAYLOR RD.
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 3-13-08 863-860-2369
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #