

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 043 ***158.75

DOCUMENT # P05000106800	
1. Entity Name INNOVATIVE CABINETRY OF CENTRAL FLORIDA, INC.	

Principal Place of Business 530 WAYNE AVENUE NEW SMYRNA BEACH FL 32168	Mailing Address PO BOX 2853 NEW SMYRNA BEACH FL 32170
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2. Principal Place of Business - No P.O. Box # 121 Lagoon Ct	3. Mailing Address 121 Lagoon Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc. New

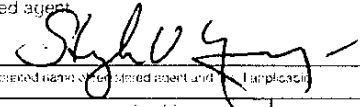
1st MOORE CR2E034 (10/07)

City & State New Smyrna Beach FL	City & State New Smyrna Beach FL
Zip 32169	Zip 32169
Country Volusia	Country Volusia

4. FEI Number 20-3231702	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent YOUNG, HUGH V 530 WAYNE AVENUE NEW SMYRNA BEACH FL 32168	
7. Name and Address of New Registered Agent Name Hugh V. Young Street Address (P.O. Box Number is Not Acceptable) 121 Lagoon Ct New Smyrna Beach City FL Zip Code 32169	

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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

150.00 + 0.75

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, HUGH V 530 WAYNE AVENUE NEW SMYRNA BEACH FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, NANCY 530 WAYNE AVENUE NEW SMYRNA BEACH FL 32168 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #