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	Mailing Address
~~530 WAYNE AVENUE~~ ~~NEW SMYRNA BEACH FL 32168~~	~~PO BOX 2853~~ ~~NEW SMYRNA BEACH FL 32170~~

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
121 Lagoon Ct	121 Lagoon Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc. Nov
City & State: New Smyrna Beach FL	City & State: New Smyrna Beach FL.
Zip: 32169 Country: Volusia	Zip: 32169 Country: Volusia

4. FEI Number 20-3231702 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOUNG, HUGH V 530 WAYNE AVENUE NEW SMYRNA BEACH FL 32168	Name: Hugh V Young Street Address (P.O. Box Number is Not Acceptable): 121 Lagoon Ct City: New Smyrna Beach 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 [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
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

150.00 + 8.75

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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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #