

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000011482

**Entity Name:** THE CABINET SHADE TREE, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3036 KANANWOOD CT.  
SUITE # 1024  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 196128  
WINTER SPRINGS, FL 327196128

**New Mailing Address:**

**FEI Number:** 74-3159043      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEA, ELIZABETH L  
263 MINORCA BEACH WAY UNIT 805  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEA, ELIZABETH L  
Address: PO BOX 196128  
City-St-Zip: WINTER SPRINGS, FL 327196128

Title: VP  
Name: VOLTOLINE, RICHARD B  
Address: PO BOX 196128  
City-St-Zip: WINTER SPRINGS, FL 327196128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH LEA

MS

04/23/2012

Electronic Signature of Signing Officer or Director

Date