

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000029811

1. Entity Name  
THE LIME CABINET, INC.



Principal Place of Business  
46 S. MAGNOLIA AVENUE  
OCALA, FL 34474 US

Mailing Address  
POST OFFICE BOX 3896  
OCALA, FL 34478 US

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4397991

Applied For  
Not Applicable

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

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

MCGEE, MARJORIE A  
2159 SE 7TH TERRACE  
OCALA, FL 34471

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000955680  
07/22/08-80001-019 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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	P
NAME	MCGEE, MARJORIE A
STREET ADDRESS	2159 SE 7TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	FRANCO, MICHAEL J
STREET ADDRESS	313 SOUTH MAGNOLIA AVENUE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	S
NAME	MCGEE, MARJORIE A
STREET ADDRESS	2159 SE 7TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	FRANCO, MICHAEL J
STREET ADDRESS	313 SOUTH MAGNOLIA AVENUE
CITY-ST-ZIP	OCALA, FL 34474
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:**

Michael J Franco, VP

7/14/08

352-369-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #