

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029811

Entity Name: THE LIME CABINET, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

46 S. MAGNOLIA AVENUE  
OCALA, FL 34474 US

## New Principal Place of Business:

46 S. MAGNOLIA AVENUE  
OCALA, FL 34471 US

## Current Mailing Address:

POST OFFICE BOX 3896  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 20-4397991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCGEE, MARJORIE A  
Address: 2159 SE 7TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

Title: VP ( ) Delete  
Name: FRANCO, MICHAEL J  
Address: 313 SOUTH MAGNOLIA AVENUE  
City-St-Zip: Ocala, FL 34474 US

Title: S ( ) Delete  
Name: MCGEE, MARJORIE A  
Address: 2159 SE 7TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

Title: T ( ) Delete  
Name: FRANCO, MICHAEL J  
Address: 313 SOUTH MAGNOLIA AVENUE  
City-St-Zip: Ocala, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FRANCO, MICHAEL J  
Address: 313 SOUTH MAGNOLIA AVENUE  
City-St-Zip: Ocala, FL 34471 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FRANCO, MICHAEL J  
Address: 313 SOUTH MAGNOLIA AVENUE  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J FRANCO

VP

03/27/2009

Electronic Signature of Signing Officer or Director

Date