

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000058601

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** THE CABINET SOURCE INC

**Current Principal Place of Business:**

1201 W. MAIN ST  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

1201 W. MAIN ST  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 20-4752541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFITH, BARBARA  
2105 BUTLER STREET  
LEESBURG, FL 34748 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: D  
Name: GRIFFITH, BARBARA  
Address: 2105 BUTLER STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: GRIFFITH, JIMMY  
Address: 2105 BUTLER ST  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: ROSE, DENNIS  
Address: 2105 BUTLER ST.  
City-St-Zip: LEESBURG, FL 34748

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: BARBARA D. GRIFFITH

D

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date