

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 044 ***150.00

DOCUMENT # P06000088594

1. Entity Name

PROLIFIC CABINETRY & MORE, INC.



Principal Place of Business

P.O. BOX 600902
JACKSONVILLE FL 32260-0902

Mailing Address

P.O. BOX 600902
JACKSONVILLE FL 32260-0902



2. Principal Place of Business - No P.O. Box #

4949 Sunbeam Rd

3. Mailing Address

Suite, Apt. #, etc.

Ste # 2

Suite, Apt. #, etc.

City & State

JAX, FL

City & State

Zip

32257

Country

USA

Zip

Country

4. FEI Number

20-5184645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BRUST, STEVEN E.
50 N. LAURA ST., STE. 2600
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D PRESIDENT
NAME: BRUST, LEEANN
STREET ADDRESS: 812 PEPPERVINE AVE.
CITY-STATE-ZIP: JACKSONVILLE FL 32259

☐ Delete

TITLE: VICE PRESIDENT
NAME: JACK BRUST
STREET ADDRESS: 812 PEPPERVINE AVE
CITY-STATE-ZIP: JAX, FL 32259

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

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NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

☐ Change ☐ Addition

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: _____

Leeann Brust Leeann Brust

2/1/07

9044486575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #