

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000096964

1. Entity Name

THE PALM BAY CABINET COMPANY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -3 AM 11:03



Principal Place of Business

4306 ENTERPRISE AVENUE
NAPLES FL 34104

Mailing Address

4306 ENTERPRISE AVENUE
NAPLES FL 34104

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-5258150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORN, TYLER B ESQ.
5150 TAMiami TRAIL N
SUITE 302
NAPLES FL 34103

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).

(If OFF Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PSTD ☐ Delete
NAME GALLIGAN, WILLIAM J
STREET ADDRESS 4930 TALLOWOOD WAY
CITY-ST-ZIP NAPLES FL 34116

TITLE VD ☒ Delete
NAME GREYLING, GRANT K
STREET ADDRESS 2680 FOUNTAINVIEW CIRCLE UNIT 105
CITY-ST-ZIP NAPLES FL 34109

TITLE VD ☐ Delete
NAME FIX, BRETT M
STREET ADDRESS 1301 MELALEUCA LANE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100130929511
STREET ADDRESS 06/05/08--01051--006 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Fix, Brett M
STREET ADDRESS 1301 Melaleuca Lane
CITY-ST-ZIP Fort Myers, FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William J Galligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2008 239-649-1998