## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000147164

Entity Name: STYLECRAFT CABINETS OF TAMPA BAY, INC.

**FILED** Mar 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

12321 KELLY LANE 8412 SABAL INDUSTRIAL BLVD THONOTOSASSA, FL 33592

SUITE B

TAMPA, FL 33619 US

**Current Mailing Address: New Mailing Address:** 

12321 KELLY LANE 8412 SABAL INDUSTRIAL BLVD THONOTOSASSA, FL 33592

SUITE B

TAMPA, FL 33619 US

FEI Number: 20-5951105 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCHOCH, MINDY L SCHOCH, MINDY L T

12321 KELLY LANE 8412 SABAL INDUSTRIAL BLVD

THONOTOSASSA, FL 33592 US SUITE B TAMPA, FL 33619 US

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: MINDY L SCHOCH 03/12/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete SCHOCH, MICHAEL E Name: 12321 KELLY LANE Address:

City-St-Zip: THONOTOSASSA, FL 33592

Title: () Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

SCHOCH, MICHAEL E P Name: 8412 SABAL INDUSTRIAL BLVD Address:

TAMPA, FL 33619 City-St-Zip:

Title: ( ) Change (X) Addition

Name: SCHOCH, MINDY L T

Address: 8412 SABAL INDUSTRIAL BLVD

TAMPA, FL 33619 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MINDY L SCHOCH 03/12/2007 Τ