

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147164

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** STYLECRAFT CABINETS OF TAMPA BAY, INC.

**Current Principal Place of Business:**

8412 SABAL INDUSTRIAL BLVD  
SUITE B  
TAMPA, FL 33619 US

**New Principal Place of Business:**

6708 E. FOWLER AVE  
TEMPLE TERRACE, FL 33617 US

**Current Mailing Address:**

8412 SABAL INDUSTRIAL BLVD  
SUITE B  
TAMPA, FL 33619 US

**New Mailing Address:**

6708 E. FOWLER AVE  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 20-5951105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOCH, MINDY L T  
8412 SABAL INDUSTRIAL BLVD  
SUITE B  
TAMPA, FL 33619 US

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

SCHOCH, MINDY L T  
6708 E. FOWLER AVE  
TEMPLE TERRACE, FL 33617 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:

03/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHOCH, MICHAEL E P  
Address: 6708 E FOWLER AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T  
Name: SCHOCH, MINDY L T  
Address: 6708 E FOWLER AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: MINDY L. SCHOCH

TREA

03/30/2010

Electronic Signature of Signing Officer or Director

Date