

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000728

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** CABINET CREATIONS OF PINELLAS, INC.

**Current Principal Place of Business:**

5577 64TH WAY N  
UNIT A  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

5577 64TH WAY N  
UNIT A  
ST PETERSBURG, FL 33709 US

**New Mailing Address:**

**FEI Number:** 20-8336195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRAWHECKER, JOHN ROBERT  
5577 64TH WAY N  
UNIT A  
ST PETERSBURG, FL 33709 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: STRAWHECKER, JOHN ROBERT  
Address: 5577 64TH WAY N, UNIT A  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D  
Name: SMITH, JEREMY  
Address: 5577 64TH WAY N, UNIT A  
City-St-Zip: ST PETERSBURG, FL 33709 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: JOHN STRAWHECKER

PRES

04/04/2012

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

\_\_\_\_\_  
Date