

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90035 029 ***150.00

DOCUMENT # P07000012869	
1. Entity Name GREG HART CABINETRY CORP	

Principal Place of Business 1090 JUPITER PARK DRIVE SUITE 201 JUPITER FL 33458	Mailing Address 14688 92 CT N WEST PALM BEACH FL 33412
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66009669



2. Principal Place of Business - No P.O. Box # 1450 Cypress Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter		City & State	
Zip 33469	Country W.P.B.	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 870794018	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HART, GREG 14688 92 CT N WEST PALM BEACH FL 33412		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 *G. M. Hart* DATE _____

Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when removing agent.)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HART, GREG 14688 92 CT N WEST PALM BEACH FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- 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: *G. M. Hart* DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR