## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # P93000028726 1. Entity Name RICHARDSON CABINET SUPPLY, INC. Principal Place of Business Mailing Address 3631 HIGHWAY 231 3631 HIGHWAY 231 PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3177687 Not Applicable \$8.75 Additional 5. Certilicate of Status Desired . 🗆 Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, JIMMY F DO NOT WRITE 3631 HIGHWAY 231 PANAMA CITY, FL 32404 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent standure required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000084854 Added to Fees Trust Fund Contribution. 03/11/04-80024-014 10. OFFICERS AND DIRECTORS TITLE RICHARDSON, JIMMY F NAME STREET ADDRESS 3631 HIGHWAY 231 CITY-ST-ZIP PANAMA CITY, FL 32404 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP τιτιε IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 317LE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 repeiver 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 charged, or on an attactment with an address, with all other tike, empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CRTY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**