2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000028726

1. Entity Name RICHARDSON CABINET SUPPLY, INC.



Mailing Address

Principal Place of Business 3631 HIGHWAY 231 PANAMA CITY, FL 32404

3631 HIGHWAY 231 PANAMA CITY, FL 32404

FILED Mar 07, 2005 08:00 AM **Secretary of State**



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Applied For 4. FEI Number 59-3177687 Not Applicable

CR2E034 (10/03)

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, JIMMY F 3631 HIGHWAY 231 PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

No Chg-P

	The above named entity submits this statement for the purpose of change	ging its registered office or registered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			
SI	GNATURE			
٠,,	Signature, lyped or printed name of registered agent and title if applicable	(NOTE Registered Agent signature regulred when reinstating)	-	DATE

 \Box

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

01132005

U000000254541 03/07/05-80075-017 150.00

OFFICERS AND DIRECTORS 10. TITLE RICHARDSON, JIMMY F NAME STREET ADDRESS 3631 HIGHWAY 231 PANAMA CITY, FL 32404 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 of 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 tecevier 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY ST-ZIP TITLE NAME STREET ADDRESS ÇITY - ST - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR