

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000059194**

1. Entity Name  
**CONTRACTORS CABINET COMPANY**



Principal Place of Business  
**5512 W. SAMPLE RD.  
COCONUT CREEK, FL 33073**

Mailing Address  
**5512 W. SAMPLE RD.  
COCONUT CREEK, FL 33073**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0436045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HOFFMAN, JAN  
6340 N.W. 55TH STREET  
CORAL SPRINGS, FL 33067**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERNER, HAL 8565 N.W. 49TH DRIVE CORAL SPRINGS, FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOFFMAN, JAN 6340 N.W. 55 STREET CORAL SPRINGS, FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000044521  
02/11/04-80024-014 158.75

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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN HOFFMAN, V.P.**

**2/5/04**

**954-978-3700**

Date

Daytime Phone #