2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 03, 2004 8:00 am
Secretary of State
06-03-2004 90005 005 ***550.00

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1. Entity Name
SCHMUCKER CABINETS, INC.

14023205

Principal Place of Business	Mailing Address
2401 W. EXECUTIVE RD., BLDG 4, WHSE.,#6 WINTERHAVEN, FL 33884 US	1510 AVENUE F N.E. WINTER HAVEN, FL 33881

04012004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3261562
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, RANDALL G ESQ.
170 E. CENTRAL AVENUE
WINTER HAVEN, FL 33881

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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: Kim Schmucker 6-1-04
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	D
NAME	SCHMUCKER, TERRY L.
STREET ADDRESS	1510 AVE. F., N.E.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	DTS
NAME	SCHMUCKER, KIMBERLY S
STREET ADDRESS	1510 AVE. F. N.E.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Kimberly S. Schmucker 6-1-04 (863) 293-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kimberly S. Schmucker