

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000088736

1. Entity Name
CARRY CABINET COMPANY, INC.



Principal Place of Business
811 N. MAIN STREET
HAVANA, FL 32333 US

Mailing Address

811 N. MAIN STREET
HAVANA, FL 32333 US

2. Principal Place of Business

3. Mailing Address
P.O. Box 944

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HAVANA FL

Zip

Zip

32333

Country

US

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3288515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORRY, HENRY
106 3RD STREET S.W.
HAVANA, FL 32333

Name

Curry, Henry C

Street Address (P.O. Box Number is Not Acceptable)

811 N Main Street

City

Havana

FL Zip Code
32333

7. Name and Address of New Registered Agent

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.

Henry C Curry

4-28-05

DATE

(NOTE: Registered Agent signature required when restating)

**FILE NOW!!! FEE IS \$750.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME CORRY, HENRY
STREET ADDRESS 106 3RD STREET S.W.
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE PTD
NAME CORRY, HENRY C
STREET ADDRESS P.O. Box 944
CITY-ST-ZIP Havana FL 32333

Change Addition

TITLE VSD
NAME CORRY, MARY
STREET ADDRESS 58 FOUNTAIN RD
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME CORRY, JOANNA
STREET ADDRESS 613 MILLWOOD DRIVE
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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:

Henry C Curry

4-28-05 (850) 539-6455

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90191 001 ***150.00