


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/22/2005-90018-042-\$150.00-\$150.00

BS 1 82

FILED
05 SEP -1 PH 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010295			
1. Entity Name TOMOKA CABINETRY SERVICES, INC.			
Principal Place of Business 1588 PINE AVE. HOLLY HILL, FL 32117		Mailing Address 1588 PINE AVE. HOLLY HILL, FL 32117	
2. Principal Place of Business		3. Mailing Address 1515 Ridgewood Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Holly Hill FL	
Zip	Country	Zip	Country
32117	USA	32117	USA
6. Name and Address of Current Registered Agent ANDERSON, RONALD F 1537 POPLAR DR. ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name: JOE Loguidice Street Address: 1515 Ridgewood Ave SE City: Holly Hill FL 32117	
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] JOE Loguidice 7/1/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, LARRY C 1588 PINE AVE. HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information.			
SIGNATURE: [Signature] LARRY HART 7/1/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



01312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3299882
Applied For
Not Applicable

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

SEP 01 2005

PS 292

Florida Department of State
Attn: (UBR 2005)
P O Box 6327
Tallahassee, FL 32314-6327

JULY 27, 2005

Dear Sir or Madam:

As per our conversation 07/26/05 with your office, this letter is to inform your office that

We never received report for the 2005 uniform business report. We sent in a letter changing our

mailing address when the office moved. Our office spoke with a

supervisor this person advised me to let your office know of the correct address.

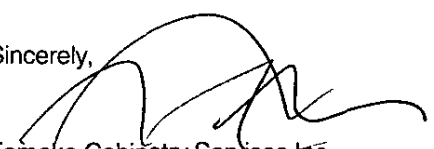
Your office also said all penalty fees would be waved due to the problems our company had with the mailing address.

Furthermore, we got a letter saying the late fee was not waved; the Division of Corporations advised me to send this letter and all late fees would be waved as on the internet filing just mark the box saying the original form was never received and we never did get form and we and until September 1, 2005.

Please make the Correct changes to my records and file my corporation UBR from for 2005.

Thank you for your time in concerning this matter.

Sincerely,



Tomoka Cabinetry Services Inc
1588 Pine Avenue
Holly Hill FL 32117