

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P95000011608

1. Entity Name
**ADVANCED CABINETRY AND MILLWORK ENTERPRISES
INC.**



Principal Place of Business
**282 E PALMETTO AVENUE
LONGWOOD, FL 32750 US**

Mailing Address
**282 E PALMETTO AVENUE
SUITE 125
LONGWOOD, FL 32750 US**



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1591515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POCHEDLEY, DENNIS
218 MOCKINGBIRD LANE
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VDS HUGHES, JESSIE 1407 WREN CT LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT POCHEDLEY, DENNIS 218 MOCKINGBIRD LANE WINTER SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U000000723457
05/02/07-80073-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date _____ Daytime Phone # _____