

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



05022008 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 <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000957867  
08/18/08-80005-010 158.75.

**DO NOT WRITE  
IN THIS SPACE**

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

DENNIS J POCHEDLEY PRES 8/13/08

Date

Daytime Phone #