

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90006 007 ***150.00

DOCUMENT # P95000038576			
1. Entity Name CABINET CRAFT OF ST. AUGUSTINE, INC.			
Principal Place of Business 235 STATE RD. 207 UNIT 3A ST AUGUSTINE FL 32095 US		Mailing Address 235 STATE RD. 207 UNIT 3A ST AUGUSTINE FL 32095 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent BARNARD, JAMES I 1500 INDUSTRIAL BLVD JACKSONVILLE FL 32254		7. Name and Address of New Registered Agent Name <u>R.M. Monaghan</u> Street Address (P.O. Box Number is Not Acceptable) <u>235 State Rd 207 # 3A</u> <u>St Augustine FL</u> City <u>FL</u> Zip Code <u>32084</u>	
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 <u>RM Monaghan</u> <u>ST RM Monaghan</u> DATE <u>2/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P BARNARD, J.I. <input checked="" type="checkbox"/> Delete 235 STATE RD. 207 UNIT 3A ST AUGUSTINE FL 32095	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James W. Colvert JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 235 State Rd 207 Unit 3A St Augustine FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MONAGHAN, R.M. <input type="checkbox"/> Delete 235 STATE RD. 207 UNIT 3A ST AUGUSTINE FL 32095	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: RM Monaghan RM Monaghan 2/5/04 (904) 824-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #