

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059382

FILED
Apr 06, 2005
Secretary of State

Entity Name: SPECIALTY CABINETS AND MILLWORKS, INC.

Current Principal Place of Business:

2702-2 POWER MILL COURT
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12668
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3322516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, RILEY D
2678 OLD LLOYD ROAD
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, DONNELL
Address: P. O. BOX 372
City-St-Zip: WACISSA, FL 32361

Title: VP () Delete
Name: PALMER, RILEY D
Address: 2678 OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: ST () Delete
Name: PALMER, DIANE G
Address: 2678 OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANFORD, KEITH A
Address: 2013 HOLLYWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PALMER, RILEY D
Address: 2678 OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: T () Change (X) Addition
Name: SANFORD, KEITH A
Address: 2013 HOLLYWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH SANFORD

P

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date