

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000081009

1. Entity Name
COMMERCE COURT CABINETS, INC.



Principal Place of Business
**300 EAST 17 STREET
ST CLOUD, FL 34769**

Mailing Address
**300 EAST 17 STREET
ST CLOUD, FL 34769**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3340607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, SCOTT
4265 CYPRESS DRIVE
ST CLOUD, FL 34772**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000832612
02/27/08-80055-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, SCOTT
STREET ADDRESS	4265 CYPRESS DRIVE
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	C
NAME	WILLIAMS, GLEDA
STREET ADDRESS	2201 LEA DRIVE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Scott Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08

Date

407-892-6994
Daytime Phone #