

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 029 ***150.00

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1. Entity Name
SPECIALTY CABINETS OF MANATEE COUNTY, INC.



Principal Place of Business
**1411 18TH AVENUE DRIVE EAST
PALMETTO, FL 34221**

Mailing Address
**1411 18TH AVENUE DRIVE EAST
PALMETTO, FL 34221**

460000110



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPRINGS, GERALD
1411 18TH AVENUE DRIVE EAST
PALMETTO, FL 34221**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPRINGS, GERALD
STREET ADDRESS	5712 23RD STREET WEST 1411 18TH AVE. DR E
CITY-ST-ZIP	BRADENTON, FL 34207 PALMETTO FL 34221
TITLE	D
NAME	SPRINGS, ELIZABETH M
STREET ADDRESS	5712 23RD STREET WEST 1411 18TH AVE DR E
CITY-ST-ZIP	BRADENTON, FL 34207 PALMETTO FL 34221
TITLE	D
NAME	SPRINGS, THOMAS E
STREET ADDRESS	5712 23RD STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Thomas Springs*

THOMAS SPRINGS Vice Pres

3/5/08

941-751-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #