

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90047 040 \*\*\*150.00

DOCUMENT # **P97000057504**

1. Corporation Name  
**CABINET SPACE, INC.**



Principal Place of Business  
**334 ANDALUSIA STREET  
UNIT #1  
ORMOND BEACH FL 32174**

Mailing Address  
**334 ANDALUSIA STREET  
UNIT #1  
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 330 Andalusia Street**  
Suite, Apt. #, etc.  
**22 Unit #1**  
City & State  
**23 Ormond Beach FL**  
Zip Country  
**24 32174 25**

2a. Mailing Address  
**26 330 Andalusia Street**  
Suite, Apt. #, etc.  
**27 Unit #1**  
City & State  
**28 Ormond Beach, FL**  
Zip Country  
**29 32174 30**

3. Date Incorporated or Qualified

**06/30/1997**

4. FEI Number

**59-3457265**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DUDENHOEFFER, RICHARD  
334 ANDALUSIA STREET  
UNIT #1  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

**81 Name Novak, Rodney**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**180 Dix Avenue**  
**83**  
**84 City Ormond Beach FL**  
**85 Zip Code 32174**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

*Rodney Novak*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-99**

12. OFFICERS AND DIRECTORS

**TITLE PD** ☒ DELETE  
**NAME DUDENHOEFFER, RICHARD**  
**STREET ADDRESS 1338 BAYBERRY STREET**  
**CITY-ST-ZIP BUNNELL FL 32110**

**TITLE VPD** ☐ DELETE  
**NAME THOMAS, DAVID C**  
**STREET ADDRESS 409 PALM AVENUE**  
**CITY-ST-ZIP ORMOND BEACH FL 32174**

**TITLE STD** ☐ DELETE  
**NAME NOVAK, RODNEY**  
**STREET ADDRESS 180 DIX AVENUE**  
**CITY-ST-ZIP ORMOND BEACH FL 32174**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☒ Change ☐ Addition  
**3.2 NAME PD**  
**3.3 STREET ADDRESS NOVAK, RODNEY**  
**3.4 CITY-ST-ZIP 180 Dix Avenue**  
**Ormond Beach, FL 32174**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. 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 annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rodney Novak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-99**

Date

**904-675-0550**

Daytime Phone #

CR2E034 (1/1/98)