

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000103191

Entity Name: S M I CABINETRY, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2715 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2715 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3492541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 N. MILLS AVENUE  
ORLANDO, FL 32803 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BERGIN, RUSSELL F SR  
Address: 2715 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: PSD  
Name: BERGIN, EILEEN T  
Address: 2715 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: VPTD  
Name: HULL, MICHELLE B  
Address: 2715 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE HULL

VPTD

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date