## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90208 029 \*\*\*150 00

1. Entity Nam	MENT # P98000010  THE CABINETRY, INC.	067		05-05-2004 90208 029 ***150.00
	avenue north  AKK, FL 33781	Mailing Address -5625 70TH AVE N ~ 8 PINELLAS PARK, FL 33	111 63 Cd St 3781	treat N)
2. Principal P 8/11 Suite, Apt.	Place of Business STreeT N #, etc.	3. Mailing Address F111 63 4 Suite, Apt. #, etc.	Street	04202004 Chg-P CR2E034 (10/03)
City & State	IlAS PANK, FL	Pigy & State	PANK, F	4. FEI Number         Applied For           59-3494696         Not Applicable
Zip 33つ		33> <b>8</b> 1	Country USA	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
BARNARD, DOUGLAS J 360 CENTRAL AVE. #1490 ST. PETERSBURG, FL 33701				. ddress (P.O. Box Number is Not Acceptable)
			City	<b>F</b> Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatu	ure required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Cont		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	D, P, 5 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	LEMACHER, KEVIN  5025 70TH AVE N-8/11 63 CF  PINELLAS PARK, FL 33781	S+ Nouth	NAME STREET ADDRESS CITY-ST-ZIP	8111 630 STREET N. Pinella PACK, FL 33791
TITLE NAME		☐ Delete	TITLE NAME	Amy LeMacher UP BChange Xaddition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	PILLEL PANK, FC 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change - Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that newered to execute this report	ny signature shall h	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if