


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 31 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000065404	
1. Entity Name Cabinet Man of Cntrl. FL Inc 3140 NE 45 St Ocala, FL 34479 352-538-0845	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3140 NE 45 ST	3. Mailing Address 3140 NE 45 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State OCALA FL.	City & State OCALA FL.	4. FEI Number 593525881	Applied For <input type="checkbox"/> Not Applicable
Zip 34479	Country AMERICA	Zip 34479	Country AMERICA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BULLARD J.W.	
Street Address (P.O. Box Number is Not Acceptable) 18 NW 3RD AVE	
City OCALA	FL Zip Code 34475

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-MICHAEL P. WARD 3140 NE 45 ST OCALA FL 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-MICHAEL P. WARD 3140 NE 45 ST OCALA FL. 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100025890411 12/31/03--01040--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- JOHN PARNIALA 2630 NE 135 ST. SPARR FL 32192	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-MICHAEL P. WARD 3140 NE 45 ST OCALA FL. 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P. Ward	MICHAEL P WARD	12/29/03	352-538-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)