

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000089225

1. Entity Name  
CREATIVE CABINETS OF BAY COUNTY, INC.



Principal Place of Business  
7422 FOXHILL ROAD  
PANAMA CITY, FL 32404

Mailing Address

7422 FOXHILL ROAD  
PANAMA CITY, FL 32404

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

04292005      Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-3537121**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, MILTON E JR  
7422 FOXHILL ROAD  
PANAMA CITY, FL 32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**      Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.       **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      P       Delete  
NAME      FOX, SHARON L  
STREET ADDRESS      7422 FOXHILL RD  
CITY-ST-ZIP      PANAMA CITY, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE      VP       Delete  
NAME      FOX, MILTON E JR  
STREET ADDRESS      7422 FOXHILL RD  
CITY-ST-ZIP      PANAMA CITY, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE            Delete  
NAME            
STREET ADDRESS            
CITY-ST-ZIP          

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE            Delete  
NAME            
STREET ADDRESS            
CITY-ST-ZIP          

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE            Delete  
NAME            
STREET ADDRESS            
CITY-ST-ZIP          

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE            Delete  
NAME            
STREET ADDRESS            
CITY-ST-ZIP          

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
May 02, 2005 8:00 am  
Secretary of State**

05-02-2005 90456 037 \*\*\*150.00

