## 2007 FOR PROFIT CORPORATION ... ANNUAL REPORT

## **DOCUMENT # P98000089225**

1. Entity Name

CREATIVE CABINETS OF BAY COUNTY, INC.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

7422 FOXHILL ROAD PANAMA CITY, FL 32404 Mailing Address

7422 FOXHILL ROAD PANAMA CITY, FL 32404



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O NO	T WRITE	IN THIS	SPACE	▲ FFI Number		

59-3537121

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, MILTON E JR 7422 FOXHILL ROAD PANAMA CITY, FL 32404 DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plions of registered agent.	surpose of changing its registere	ed affice or r	egistered agent, or bo	th, in the State of Flor	ida. I am familiar	with, and accept	
SIGNATURE.								
Signature, typed or printed name of regulatered agent and title if applicable (NOTE Registered			d Agent eignature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		   U00000753669   05722707-90029-020_150_00				
10.	OFFICERS AND DIREC	CTORS	11.11.11 C	* * * * * * * * * * * * * * * * * * *	to the fact of the			
TITLE	P		- 13/A	n establica de la compansión de la compa			1.00	
NAME	FOX, SHARON L							
STREET ADDRESS	7422 FOXHILL RD							
CLTY-ST-ZIP	PANAMA CITY, FL 32404							
TITLE	VP							
NAME	FOX, MILTON E JR		in Salah		haraki (1997)			
STREET ADDRESS	7422 FOXHILL RD		19074					
CITY-ST-ZIP	PANAMA CITY, FL 32404							
DILLE			. W. C. 1989			\$300 N.C.		
NAME			F 5.				1. F	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 logal effect as it made under eath; 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:

STREET ADDRESS City-St-Zip

Milton E. Fox JA.

4-30-07

Daytime Phone #