2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005
Secretary of State

DOCUMENT# P99000006987

Entity Name: HERNANDO CABINET AND DESIGN CENTER, INC.

Current Principal Place of Business:

300 W. JEFFERSON ST
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

300 W. JEFFERSON ST
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3554867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECCIA, MAUREEN
8675 SOUTH ROCK POINT
FLORAL CITY, FL 34436 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: BECCIA, MAUREEN
Address: 8675 S ROCK PT
City-St-Zip: FLORAL CITY, FL 34436

Title: P ( ) Delete
Name: BARTZ, JACK
Address: 411 ROOSEVELT AVE
City-St-Zip: MASARYKTOWN, FL 34604

Title: T ( ) Delete
Name: BECCIA, DAVID
Address: 8675 S ROCK PT
City-St-Zip: FLORAL CITY, FL 34436

Title: S ( ) Delete
Name: BARTZ, PATI
Address: 411 ROOSEVELT AVE
City-St-Zip: MASARY TOWN, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MAUREEN BECCIA V 08/18/2005

Electronic Signature of Signing Officer or Director Date