

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000016880**

1. Entity Name  
CREATIVE CABINET REFACING, INC.



Principal Place of Business  
11637 COLUMBIA PARK DR. E., UNIT 5  
JACKSONVILLE, FL 32258 US

Mailing Address  
11637 COLUMBIA PARK DR. E., UNIT 5  
JACKSONVILLE, FL 32258 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3558873

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AKEL, DANIEL D  
ONE INDEPENDENT DR., SUITE 2301  
JACKSONVILLE, FL 32202

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IN THIS SPACE**

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 reappointing)

DATE

1-4-05

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**

TITLE	D
NAME	WEATHINGTON, WILLIS
STREET ADDRESS	11637 COLUMBIA PARK DR. E., UNIT 5
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	D
NAME	WEATHINGTON, HAZEL M
STREET ADDRESS	11637 COLUMBIA PARK DR. E., UNIT 5
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	M
NAME	WEATHINGTON, SHANE
STREET ADDRESS	11637 COLUMBIA PARK DR E #5
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000205174  
01/31/05-80034-014 150.00

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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: *Hazel Weathington - Hazel Weathington* 1-4-05 260-8854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #