
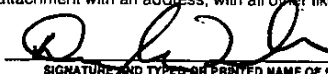


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2005 90475 044 ***150.00

DOCUMENT # P99000027635					
1. Entity Name D. FANCHER CUSTOM CABINETS, INC.					
Principal Place of Business 6767 HAINES RD.,UNIT C&D ST.PETERSBURG, FL 33702			Mailing Address 6767 HAINES RD.,UNIT C&D ST.PETERSBURG, FL 33702		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent FANCHER, DOUG 6767 HAINES RD.,UNIT C&D ST.PETERSBURG, FL 33702				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANCHER, DOUG		NAME		
STREET ADDRESS	6767 HAINES RD.,UNIT C&D		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCHER, TODD		NAME		
STREET ADDRESS	6767 HAINES RD.,UNIT C&D		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCHER, RYAN		NAME		
STREET ADDRESS	6767 HAINES RD.,UNIT C&D		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCHER, SCOTT		NAME		
STREET ADDRESS	6767 HAINES RD.,UNIT C&D		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECELLE, CAROLE		NAME		
STREET ADDRESS	6767 HAINES RD.,UNIT C&D		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SIGNATURE: <u>Douglas Fancher</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/27/05</u> Daytime Phone #: <u>904-526-5766</u>		