

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FANCHER, DOUG
6767 HAINES RD., UNIT C&D
ST. PETERSBURG, FL 33702

**DO NOT WRITE
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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000590721
01/18/07-80068-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANCHER, DOUG 6767 HAINES RD., UNIT C&D ST. PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FANCHER, RYAN 6767 HAINES RD., UNIT C&D ST. PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECELLE, CAROLE 6767 HAINES RD., UNIT C&D ST. PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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

DOUGLAS FANCHER
PRESIDENT

Date

(727) 526-5766
Daytime Phone #