

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90038 013 ***150.00

DOCUMENT # P99000080074

1. Entity Name
JOHN'S CUSTOM CABINETS, INC.



Principal Place of Business

~~RT 11 BOX 106-3~~
LAKE CITY, FL 32055

Mailing Address

~~RT 11 BOX 106-3~~
LAKE CITY, FL 32055

50027338



2. Principal Place of Business

445 SW Miracle Ct

Suite, Apt. #, etc.

3. Mailing Address

445 SW Miracle Ct

Suite, Apt. #, etc.

03012005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3642506

Applied For
Not Applicable

Zip

32024

Country

Zip

32024

Country

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

6. Name and Address of Current Registered Agent

JENKINS, JOHN
~~RT 11 BOX 106-3~~
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

445 SW Miracle Ct

City

FL

Zip Code

32024

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 reinstating)

DATE

3/15/05

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 **P** ☐ Delete
NAME **JENKINS, JOHN**
STREET ADDRESS **RT 11 BOX 106-3**
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE **VP** ☐ Delete
NAME **JENKINS, JOSEPH D**
STREET ADDRESS **RT 11, BOX 106-3**
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **445 SW Miracle Ct**
STREET ADDRESS
CITY-ST-ZIP **32024**

TITLE ☒ Change ☐ Addition
NAME **445 SW Miracle Ct**
STREET ADDRESS
CITY-ST-ZIP **32024**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 supplementary 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

Daytime Phone #