

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90015 002 \*\*\*150.00

**DOCUMENT # P99000099102**

1. Entity Name

THE CABINET HOUSE, INC.



Principal Place of Business

612 N. ORANGE AVE., SUITE D-14  
JUPITER FL 33458

Mailing Address

612 N. ORANGE AVE., SUITE D-14  
JUPITER FL 33458

2. Principal Place of Business - No P.O. Box #

126 CENTER STREET

3. Mailing Address

126 CENTER STREET

Suite, Apt. #, etc.

B7 & B8

Suite, Apt. #, etc.

B7 & B8

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

P.B.

Zip

33458

Country

P.B.

1st MOORE

CR2E034 (10/07)



4. FEI Number

65-0979413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, CAROLE A  
18271 LITTLE OAKS DR  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PARKER, CAROLE A  
612 N. ORANGE AVE., SUITE D-14  
JUPITER FL 33458

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OK-14-08 (561) 745-6210

Date

Daytime Phone #