

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000103823

1. Entity Name  
ENCORE CABINETRY INC.



Principal Place of Business  
1804 WILLOW OAK DRIVE  
EDGEWATER, FL 32132

Mailing Address  
1804 WILLOW OAK DRIVE  
EDGEWATER, FL 32132



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3613171

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDRADE, THOMAS  
1804 WILLOW OAK DRIVE  
EDGEWATER, FL 32132

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 reinstating) DATE \_\_\_\_\_

**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	PVST
NAME	ANDRADE, THOMAS
STREET ADDRESS	1804 WILLOW OAK DRIVE
CITY - ST - ZIP	EDGEWATER, FL 32132
TITLE	P
NAME	ANDRADE, THOMAS
STREET ADDRESS	1804 WILLOW OAK DRIVE
CITY - ST - ZIP	EDGEWATER, FL 32132
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Andrade

3-17-05

Date

384 428-5400

Daytime Phone #