

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00863

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** FLORIDA DESIGNER CABINETS, INC.

**Current Principal Place of Business:**

1034  
S HWY 301  
SUMTERVILLE, FL 33585 US

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA DESIGNER CABINET'S, INC  
P.O. BOX 98  
SUMTERVILLE, FL 33585 US

**New Mailing Address:**

**FEI Number:** 59-3027482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CYRUS, ROBERT R  
214-A NORTH THIRD STREET  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PMD  
Name: MANN, BARRY  
Address: 1034 S HWY 301/ PO BOX 98  
City-St-Zip: SUMTERVILLE, FL 33585

Title: STD  
Name: MANN, BARBARA  
Address: 1034 S HWY 301/ PO BOX 98  
City-St-Zip: SUMTERVILLE, FL 33585

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA MANN

STD

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date