

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13099

Entity Name: C & C CABINETS, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

4611 N. GRADY AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4611 N. GRADY LANE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3039397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, MIRIAM  
4611 N. GRADY AVE  
TAMPA, FL 33614 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: POD  
Name: CRABTREE, ZANE G.  
Address: 19145 ROGERS RD.  
City-St-Zip: ODESSA, FL 33556 US

Title: VD  
Name: CRABTREE, LOURDES D.  
Address: 19145 ROGERS RD.  
City-St-Zip: ODESSA, FL 33556

Title: VD  
Name: JOHNSON, MIRIAM L  
Address: 4611 N. GRADY AVENUE  
City-St-Zip: TAMPA, FL 33614

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: MIRIAM JOHNSON

VD

04/21/2011

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

\_\_\_\_\_  
Date