

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S96420

Entity Name: M & M CABINETS, INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1601 NORTH PARTIN DRIVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1601 NORTH PARTIN DRIVE  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 59-3105781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARRISON, MORRIS C.  
1601 NORTH PARTIN DRIVE  
NICEVILLE, FL 32578 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: VPSD  
Name: GARRISON, MORRIS C.  
Address: 813 MAGNOLIA SHORES DR  
City-St-Zip: NICEVILLE, FL 32578 US

Title: PAS  
Name: DALTON, MICHAEL J.  
Address: 122 DESTIN DR  
City-St-Zip: FT WALTON BCH, FL 32548 US

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: MORRIS C GARRISON

VPSSD

04/06/2011

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

\_\_\_\_\_  
Date