

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V27608

1. Entity Name
DISTINCTIVE CABINETRY, INC.



Principal Place of Business

**1404 MERCHANTILE CT
UNIT C-1
PLANT CITY, FL 33567 US**

Mailing Address

**PO BOX 1217
SEFFNER, FL 33583 US**

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3122426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAHDER, RAYMOND A.
1201 LEENA AVENUE
SEFFNER, FL 33584**

**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 | P |
| NAME | MAHDER, RAYMOND A. |
| STREET ADDRESS | 1201 LEENA AVENUE |
| CITY - ST - ZIP | SEFFNER, FL |
| TITLE | V |
| NAME | MAHDER, PAMELA L |
| STREET ADDRESS | 1201 LENA AVE |
| CITY - ST - ZIP | SEFFNER, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

1100000248884
03/02/05-80027-023 150.00

**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:

Raymond A. Mahder
RAYMOND A. MAHDER

2/26/05
Date

813-719-1440
Daytime Phone #