

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # V34614

1. Entity Name
CREATIVE DESIGNS IN CABINETS, INC.



Principal Place of Business
**3675 NW 124TH AVE
CORAL SPRINGS, FL 33065**

Mailing Address
**1537 NW 108TH WAY
CORAL SPRINGS, FL 33071**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0351164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARRISH, JERRY W.
1537 N.W. 108TH AY
CORAL SPRINGS, FL 33071**

**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 rechartering)

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**

U000000347688
04/30/05-80126-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARRISH, JERRY W.
STREET ADDRESS	1537 N.W. 108TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL

TITLE	VD
NAME	PARRISH, SHERRY L.
STREET ADDRESS	1537 N.W. 108TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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)(f), 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: *Sherry L. Parrish, V.D.* *Sherry L. Parrish, V.D.* *4-27-05 (954)600-5069*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #