


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # V45540 1. Entity Name INTERLACHEN CABINETS, INC.	
--	---

Principal Place of Business 2010 EAST STATE RD 20 HAWTHORNE, FL 32640 US	Mailing Address 331 SO CR 315 INTERLACHEN, FL 32148 US
--	--

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3135822	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent QUINBY, EUGENE F JR 315 SOUTH 2 MILES FROM HWY 20 INTERLACHEN, FL 32148	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINBY, EUGENE F JR 315 S. OF ST R 20 MILES INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINBY, JACK F. 315 S. OF ST R 20 MILES INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUINBY, SARAH R 315 S. OF SR 20 MILES INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINBY, PENNY 315 S. OF ST R 20 MILES INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000282021
03/31/05-80025-022 150.00

**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: E. F. Quinby 03-28-05 352-481-5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #