

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 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**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3135822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 file if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 STR 20 MILES
INTERLACHEN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000535140
05/08/06-60042-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 352-981-6078
Date Daytime Phone #