

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 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**



04262007 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 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 ST R 20 MILES INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80045-008 150.00

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: *F. G. C.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 352-481-6078
Date Daytime Phone #