

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91020 022 ***150.00

DOCUMENT # V49445

1. Entity Name

T.J. CABINETRY, INC.



Principal Place of Business

2312 CLARK ST
UNIT B-3
APOPKA FL 32703
US

Mailing Address

2312 CLARK ST
UNIT B-3
APOPKA FL 32703
US

34042673



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3132271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIXON, TOM
2312 CLARK ST
UNIT B-3
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
PST
NIXON, TOM
2312 CLARK ST., UNIT B3
APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIXON, TOM
2312 CLARK ST., UNIT B-3
APOPKA FL ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #