

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90011 018 \*\*\*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

2. Principal Place of Business - No P.O. Box #  
**550 Holts Lake Ct**  
Suite, Apt. #, etc.  
**# 105**

3. Mailing Address  
**550 Holts Lake Ct**  
Suite, Apt. #, etc.  
**# 105**

City & State  
**Apopka, FL**  
Zip  
**32703** Country  
**ORANGE**

City & State  
**Apopka, FL**  
Zip  
**32703** Country  
**ORANGE**

01082007 Chg-P CR2E034 (12/06)

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)  
**550 Holts Lake Ct**  
**# 105**  
City **Apopka** FL Zip Code **32703**

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 *Tom Nixon*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-26-07**

**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  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**550 Holts Lake Ct # 105**  
**Apopka FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**550 Holts Lake Ct # 105**  
**Apopka, FL 32703**

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

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

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 another like empowered.

SIGNATURE: *Tom Nixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-07**  
Date

**407-886-8294**  
Daytime Phone #

**40025909**

