2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V53429

1. Entity Name
D AND B CABINETS, INC.

Principal Place of Business	Mailing Address
150 N.E. COMMERCIAL CIRCLE	2785 CAMEL CIRCLE
KEYSTONE HEIGHTS, FL 32656 US	MIDDLEBURG, FL 32068 US

DO NOT WRITE IN THIS SPACE

04072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3136250	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYETTE, DALE R.
2785 CAMEL CIRCLE
MIDDLEBURG, FL 32068

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. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PV
NAME	BOYETTE DALE R.
STREET ADDRESS	2785 CAMEL CIRCLE
CITY-ST-ZIP	MIDDLEBURG, FL
TITLE	ST
NAME	BOYETTE, MOSLEY L.
STREET ADDRESS	2785 CAMEL CIRCLE
CITY-ST-ZIP	MIDDLEBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000307449
04/15/05-80056-011 150.00

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: *Mosley Boyette* Mosley L. Boyette   4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #