

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000059926

**Entity Name:** MASTER - KRAFT CABINETRY, INC.

**Current Principal Place of Business:**

4902 CHARLIE TAYLOR RD.  
PLANT CITY, FL 33565

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC4321458263**

**Current Mailing Address:**

161 OSPREY HEIGHTS DRIVE  
WINTER HAVEN, FL 33880

**FEI Number: 38-3720532**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AMMERMAN, STACY A  
161 OSPREY HEIGHTS  
WINTER HAVEN, FL 33880 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name AMMERMAN, JONATHAN C  
Address 161 OSPREY HEIGHTS DRIVE  
City-State-Zip: WINTER HAVEN FL 33880

Title VP  
Name AMMERMAN, STACY A  
Address 161 OSPREY HEIGHTS DRIVE  
City-State-Zip: WINTER HAVEN FL 33880

Title SEC  
Name AMMERMAN, NICHOLAS C  
Address 4920 N. CHARLIE TAYLOR RD.  
City-State-Zip: PLANT CITY FL 33565

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STACY AMMERMAN**

**VP**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date