

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000018383

**Entity Name:** CUMBERLAND CABINET AND DESIGN, INC.**Current Principal Place of Business:**4815 EXECUTIVE PARK CT  
STE 210  
JACKSONVILLE, FL 32216-6065**Current Mailing Address:**4815 EXECUTIVE PARK CT  
STE 210  
JACKSONVILLE, FL 32258 US**FEI Number:** 82-0649555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILLETTE, SHELDON ANNE  
4516 SUMMER WALK COURT  
JACKSONVILLE, FL 32258 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:** SHELDON ANNE GILLETTE

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TS
Name	KAIN, AMBER
Address	4516 SUMMER WALK COURT
City-State-Zip:	JACKSONVILLE FL 32258
Title	OWNER, COO
Name	BARBER, JOHN CHARLES
Address	583 ASHCROFT LANDING DRIVE
City-State-Zip:	JACKSONVILLE FL 32225
Title	OWNER, PD
Name	KARIA, MIHIR
Address	1617 HERMITAGE AVENUE 1-S
City-State-Zip:	CHICAGO IL 60622

Title	OWNER, CEO
Name	GILLETTE, MALCOLM ANTHONY
Address	4516 SUMMER WALK COURT
City-State-Zip:	JACKSONVILLE FL 32258
Title	OWNER, CFO
Name	GILLETTE, SHELDON
Address	4516 SUMMER WALK COURT
City-State-Zip:	JACKSONVILLE FL 32258

*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:** SHELDON GILLETTE

OWNER/CFO

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date