

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000032247

**Entity Name:** 5DAYCABINETS.COM INC.

**Current Principal Place of Business:**

3580 S US HWY 1792  
CASSELBERRY, FL 32707

**Current Mailing Address:**

3580 S US HWY 1792  
CASSELBERRY, FL 32707 UN

**FEI Number:** 82-1119089

**Certificate of Status Desired:** No

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

BRILLIS, CHAD M  
3580 S US HWY 1792  
CASSELBERRY, FL 32707 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	Title	SEC
Name	BRILLIS, CHAD M	Name	BRILLIS, CARRIE B
Address	3580 S US HWY 1792	Address	3580 S US HWY 1792
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	CASSELBERRY FL 32707

*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:** BRILLIS, CARRIE B

**OPERATIONS MANAGER** 01/04/2023

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

\_\_\_\_\_ Date