

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000103191

**Entity Name:** S M I CABINETRY, INC.

**Current Principal Place of Business:**

2715 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**Current Mailing Address:**

2715 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**FEI Number:** 59-3492541

**Certificate of Status Desired:** No

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

LEFKOWITZ, IVAN M  
430 N. MILLS AVENUE  
ORLANDO, FL 32803 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 DV  
Name BERGIN, RUSSELL FSR  
Address 2715 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

Title D  
Name BERGIN, EILEEN T  
Address 2715 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

Title DST  
Name HULL, MICHELLE B  
Address 2715 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

Title DP  
Name HULL, ROBERT E  
Address 2715 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

*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:** MICHELLE HULL

**TREASURER**

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date