


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H88674
 1. Entity Name
THE CABINET CORNER, INC.



Principal Place of Business Mailing Address
426 WEST BAY DRIVE **426 WEST BAY DRIVE**
LARGO, FL 33770 **LARGO, FL 34640**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2638801 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TEREPKA, ROY
426 WEST BAY DRIVE
LARGO, FL 33770

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000041295
 02/09/04-80083-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TEREPKA, EDWARD
STREET ADDRESS	426 W. BAY DRIVE
CITY - ST - ZIP	LARGO, FL
TITLE	STD
NAME	TEREPKA, JANICE
STREET ADDRESS	426 W BAY DR
CITY - ST - ZIP	LARGO, FL
TITLE	PD
NAME	TEREPKA, ROY
STREET ADDRESS	426 W. BAY DRIVE
CITY - ST - ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Janice M. Terepka* 2-4-2004 727-585-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #