


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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



Principal Place of Business
 426 WEST BAY DRIVE
 LARGO, FL 33770

Mailing Address
 426 WEST BAY DRIVE
 LARGO, FL 34640



02102005 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
 428 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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEREPKA, EDWARD 426 W. BAY DRIVE LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEREPKA, JANICE 426 W BAY DR LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEREPKA, ROY 426 W. BAY DRIVE LARGO, FL
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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* 2-10-2005 727-585-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #