

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90096 023 ***150.00

DOCUMENT # P03000157123	
1. Entity Name RABON'S CABINETS, INC.	

Principal Place of Business 21639 NE DON O'BRYAN ROAD BLOUNTSTOWN, FL 32424	Mailing Address 21639 NE DON O'BRYAN ROAD BLOUNTSTOWN, FL 32424
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02242005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0543183	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RABON, JAMES A 21335 NE PATTY LANE BLOUNTSTOWN, FL 32424	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

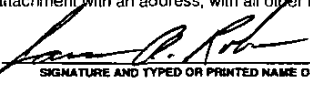
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME RABON, JAMES A		NAME	
STREET ADDRESS 21335 NE PATTY LANE		STREET ADDRESS	
CITY-ST-ZIP BLOUNTSTOWN, FL 32424		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME RABON, DORIS A		NAME	
STREET ADDRESS 21335 NE PATTY LANE		STREET ADDRESS	
CITY-ST-ZIP BLOUNTSTOWN, FL 32424		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☒ Change ☐ Addition
NAME HACKEL, JASON V		NAME HACKEL, Jason V.	
STREET ADDRESS 21655 NE DON O'BRYAN ROAD		STREET ADDRESS 21679 NE Don O'Bryan Road	
CITY-ST-ZIP BLOUNTSTOWN, FL 32424		CITY-ST-ZIP Blountstown, FL 32424	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-1-05 **860-674-3060**
Date Daytime Phone #