

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000069769

**Entity Name:** CABINET PRO, INC.

**Current Principal Place of Business:**

7131 N.W. 115TH STREET  
CHIEFLAND, FL 32626

**Current Mailing Address:**

P O BOX 579  
CHIEFLAND, FL 32644

**FEI Number: 41-2140001**

**Certificate of Status Desired:** No

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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 PTS  
Name QUINCEY, JACK K  
Address PO BOX 579  
City-State-Zip: CHIEFLAND FL 32644

Title V  
Name QUINCEY, RITA K  
Address PO BOX 579  
City-State-Zip: CHIEFLAND FL 32644

Title V  
Name QUINCEY, RITA K  
Address PO BOX 579  
City-State-Zip: CHIEFLAND FL 32644

*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: RITA K. QUINCEY**

**V PRESIDENT**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date