

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000092604

**Entity Name:** T.A.B. CUSTOM CABINETS INC.

**Current Principal Place of Business:**

2291 SW IVORY RD  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2291 SW IVORY RD  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 46-1334766

**Certificate of Status Desired:** No

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

BRANNIGAN, TIMOTHY  
2291 SW IVORY RD  
PORT SAINT LUCIE, FL 34953 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 PD  
Name BRANNIGAN, TIMOTHY  
Address 2291 SW IVORY RD  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** TIMOTHY BRANNIGAN

**PRESIDENT**

**02/11/2019**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date