

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V21318

**Entity Name:** A-1 ACCENT CABINETS, INC.

**Current Principal Place of Business:**

300 SE 24TH STREET  
CAPE CORAL, FL 33990

**Current Mailing Address:**

300 SE 24TH STREET  
CAPE CORAL, FL 33990

**FEI Number:** 65-0318462

**Certificate of Status Desired:** No

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

SEEFLOTH, CLIFFORD L.  
300 SE 24TH STREET  
CAPE CORAL, FL 33990 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           | DP                    | Title           | VP                  |
| Name            | SEEFLOTH, CLIFFORD L. | Name            | SEEFLOTH, ROXANNE D |
| Address         | 300 SE 24TH STREET    | Address         | 300 SE 24TH STREET  |
| City-State-Zip: | CAPE CORAL FL 33990   | City-State-Zip: | CAPE CORAL FL 33990 |

*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:** CLIFFORD L. SEEFLOTH

**PRESIDENT**

**01/14/2015**

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

\_\_\_\_\_  
Date