


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90016 013 \*\*\*150.00


**DOCUMENT # K78859**

1. Entity Name  
**BALCAVAGE CUSTOM FURNITURE AND CABINETRY, INC.**



Principal Place of Business 125 B EAST DRIVE W MELBOURNE, FL 32904 US	Mailing Address C/O BALCAVAGE 312 TRINIDAD DR SATELLITE BEACH, FL 32937 US
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2947773</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BALCAVAGE, GREG  
 312 TRINIDAD DR  
 SATELLITE BEACH, FL 32937

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUREK, DONALD
STREET ADDRESS	125 B EAST DR
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	P
NAME	BALCAVAGE, GREG
STREET ADDRESS	125 B EAST DR
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3-4-08 (321) 733-7707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #