


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90211 001 ***150.00

DOCUMENT # P00000004354

1. Entity Name
AWR CABINETS, INC.



Principal Place of Business 4155 ST. JOHNS PKWY STE 1500 SANFORD, FL 32771	Mailing Address 4155 ST. JOHNS PKWY STE 1500 SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3632567	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, STEPHEN W
 4155 ST. JOHNS PARKWAY
 STE 1500
 SANFORD, FL 32771**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOTT, STEPHEN W 5155 PLATO COVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JUSTIN ELLIOTT 1306 Lodge Terrace Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LANCIE WARREN 415 Doyle Rd. Osteen, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/12/06** **407-323-1415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #