

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000004354
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**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3632567

Applied For
 Not Applicable

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | DP ELLIOTT, STEPHEN W 5155 PLATO COVE SANFORD, FL 32773 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ELLIOT, JOSHUA 1306 LODGE TERR DELTONA, FL 32738 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WARREN, LANCE 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 | |

U00000821893
02/19/08-80045-011 150.00

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, will be a similar like empowered.

SIGNATURE: **Stephen Elliott** **2/8/08** **407-323-1415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #