


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 501995**  
 1. Entity Name  
**SAHARA CABINETS, INC.**



Principal Place of Business      Mailing Address  
 2171 FLINT DRIVE      2171 FLINT DRIVE  
 FT. MYERS, FL 33916-4811      FT. MYERS, FL 33916-4811

**DO NOT WRITE IN THIS SPACE**



03272006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-1668559      (Not Applicable)

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SELLARS, RICHARD E.  
 2171 FLINT DR  
 FT MYERS, FL 33916

**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 Agents 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	PVD
NAME	SELLARS, RICHARD E
STREET ADDRESS	2171 FLINT DR
CITY-ST-ZIP	FT MYERS, FL
TITLE	ST
NAME	SELLARS, BRENDA
STREET ADDRESS	2171 FLINT DR
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000495257  
 04/21/06-80001-021 158.75

**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: Richard E. Sellars      4-3-06      239-384-1151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #