

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 555604**

1. Entity Name  
**WEST GATE CABINET & MILLWORK, INC.**



Principal Place of Business  
**862 W. 13TH CT.  
RIVIERA BEACH, FL 33404**

Mailing Address  
**862 W. 13TH CT.  
RIVIERA BEACH, FL 33404**

**DO NOT WRITE IN THIS SPACE**

**FILED**

**05 JUL -5 AM 8:22**

SECRETARY OF STATE  
TREASURY DEPARTMENT



1-14-05 90003 040 \$150.00  
06302005 No Chg-P CR2E034 (10/03) 05

4. FEI Number  
**59-1786478**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WIDDOWS, EDWIN J.  
862 W. 13TH COURT  
RIVIERA BEACH, FL 33404**

**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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**P  
WIDDOWS, JAY R  
3287 GONDOLIER WAY  
LANTANA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WIDDOWS, EDWIN J  
3287 DIAMOND HEAD RD  
LANTANA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/05**

Date

Daytime Phone #

**561-842-1705**

2092



862 WEST 13th COURT  
RIVIERA BEACH, FLORIDA 33404  
PH: (561) 842-1701  
FAX: (561) 842-2033

JUNE 30, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

WE HAVE RECEIVED YOUR NOTICE OF INTENT TO DISSOLVE. AFTER CALLING WE ARE NOW AWARE THAT OUR ORIGINAL FORM WAS SENT BACK ON 1/25/05 FOR A SIGNATURE. WE HAVE NEVER RECEIVED ANY CORRESPONDENCE THAT WAS SENT OUT ON 1/25/05 TO SIGN THE ORIGINAL FORM.

WE ARE ENCLOSING A NEW FORM ALONG WITH THE NOTICE RECEIVED. WE ARE ASKING THAT YOU WAIVE THE LATE FEE SEEING THAT WE NEVER RECEIVED THE CORRESPONDENCE. YOU ARE ALREADY IN RECEIPT OF OUR PAYMENT OF \$150.00.

IF THERE IS ANY PROBLEM PLEASE CALL AND LET US KNOW RIGHT AWAY.

THANKS FOR YOUR HELP!

SINCERELY,

A handwritten signature in cursive script, appearing to read "Edwin J. Widdows", written in dark ink.

EDWIN J WIDDOWS  
SEC/TREAS