

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30726

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: DEEM CABINETS, INC.

## Current Principal Place of Business:

3835 S PITTSBURG AVE.  
HOMOSASSA, FL 34446 US

## New Principal Place of Business:

## Current Mailing Address:

3835 S PITTSBURG AVENUE  
HOMOSASSA, FL 34446

## New Mailing Address:

FEI Number: 59-2130576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEEM, MICHAEL R.  
3835 S PITTSBURG AVE.  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEEM, PATRICIA A  
Address: 7889 W. DRIVER STREET  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP/D ( ) Delete  
Name: DEEM, JOHN A.,  
Address: 3835 S. PITTSBURG AVE.  
City-St-Zip: HOMOSASSA, FL 34446

Title: S/D ( ) Delete  
Name: DEEM, MICHAEL R.  
Address: 3835 SOUTH PITTSBURGH AVE.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP/D ( ) Delete  
Name: DEEM, MICHAEL R  
Address: 3835 SO PITTSBURG AVE  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DEEM, PATRICIA A  
Address: 7889 W. DROVER STREET  
City-St-Zip: HOMOSASSA, FL 34446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. DEEM

V/P

03/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date