

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G75098**

1. Entity Name

ABA CUSTOM CABINETS, INC.



Principal Place of Business  
1202 POINSETTIA DRIVE  
DELRAY BEACH FL 33444  
US

Mailing Address  
1202 POINSETTIA DRIVE  
DELRAY BEACH FL 33444  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2355549**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORME, VERNON J  
4067 ARTESA DR.  
BOYNTON BEACH FL 33436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 transferring)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: ORME, VERNON J.  
STREET ADDRESS: 4067 ARTESA DR.  
CITY-ST-ZIP: BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME: PD LOPEZ, DAVID M.  
STREET ADDRESS: 1360 SABAL LAKES RD  
CITY-ST-ZIP: DELRAY BEACH FL 33445 ☐ Delete

TITLE  
NAME: VD WIKLE, RICHARD KEITH  
STREET ADDRESS: 9023 PATRIZZA DR  
CITY-ST-ZIP: LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON J. ORME

3/29/07

561 272 0494

Date

Daytime Phone #