FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90171 001 ***150.00
05-22-2007 90171 002 *****8.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H60344

1. Entity Name
CABINETMAKER'S, INC.

Principal Place of Business	Mailing Address
4070 N.E. 8TH AVENUE OAKLAND PARK, FL 33334	4070 N.E. 8TH AVENUE OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

05152007 No Chg-P CR2E034 (11/06)

4. FEI Number
59-2541677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IANNACCONE, JAMES T.
315 S.E. 7TH ST.
2ND FLOOR, THE ADVOCATE BLDG.
FT. LAUDERDALE, FL 33301

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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 Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	VANSE, DENNIS
STREET ADDRESS	4070 N.E 8 AVE
CITY-ST-ZIP	OAKLAND PARK, FL 33334
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 any address, with all other like empowered.

SIGNATURE: _____ 5/15/07 954-873-1293
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

DENNIS VANSE

ATTACHMENT Cele0116175
Our 20th Year in Business #H60344

Cabinetmaker's Inc.
4070 N.E. 8th Avenue
Oakland Park, Fl. 33334

5/15/07

Dear Dept. of State -

I do not remember ever receiving my Annual Report Notice. I am sending this required information you asked for.

Thank you very much,

Dennis

Dennis L. Vonse
Pres Cabinetmaker's Inc.