2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # J20661

1. Entity Name
JUPITER CABINET & CARPET, INC.

Principal Place of Business	Mailing Address
124 TONEY PENNA DR. STE A JUPITER, FL 33458	124 TONEY PENNA DR. STE A JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2693431

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELISI, MARTIN V
4361 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

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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
After May 1, 2008 Fee will be $550.00

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

U00000908168
05/06/08-80017-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DODDS, JAMES H.
STREET ADDRESS	11420 154TH ROAD N
CITY-ST-ZIP	JUPITER, FL
TITLE	T
NAME	STEPHERSON, MARY L.
STREET ADDRESS	3218 BENTLEY AVE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	S
NAME	GAVIN, BARBARA A
STREET ADDRESS	251 SUWANEE ST.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	C
NAME	GONZALES, MICHELLE
STREET ADDRESS	251 SUWANEE ST.
CITY-ST-ZIP	JUPITER, FL 33458
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 an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #