2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43846

Address:

City-St-Zip:

540 19TH STREET NW

NAPLES, FL 34120

Entity Name: GLILECOAST MILLWORK & CABINETS INC.

FILED Mar 23, 2007 Secretary of State

| | | on the control of the | , 1140. | | |
|---|---|--|---|---|--|
| Current Pi | rincipal Plac | e of Business: | New Principal Place | New Principal Place of Business: | |
| 3992 PROSPECT AVENUE NAPLES, FL 34104 US | | | 3455 WESTVIEW DR | | |
| | | | 1 NAPLES, FL 34104 | US | |
| Current Mailing Address: | | | , | New Mailing Address: | |
| GULFCOAST MILLWORTHED CABINETS INC 3992 PROSPECT AVENUE NAPLES, FL 34104 US | | | 3455 WESTVIEW DR 1 NAPLES, FL 34104 | US | |
| FEI Number: | 59-2755346 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| BENSYL, L 540 19TH S NAPLES, F | ST NW FL 33964 | US | | | |
| The above in the State | named entity of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Can | npaign Financii | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | DP (BENSYL, LAR 540 19TH ST. NAPLES, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (BENSYL, CAR 540 19TH ST. NAPLES, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | V (BENSYL, JAR |) Delete RED D | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: CAROL A BENSYL D 03/23/2007