


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90045 045 \*\*\*158.75

**DOCUMENT # J74901**  
 1. Entity Name  
**PRO-TECH CUSTOM CABINETS, INC.**



Principal Place of Business Mailing Address  
**9621 ARCOLA AVE HUDSON FL 34667** **P.O. BOX 5962 HUDSON FL 34674**

**30016306**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
**9100 BOLTON AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**HUDSON FLORIDA**

4. FEI Number **59-2822333** Applied For  
 Not Applicable

Zip Country Zip Country  
**34667 USA**

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

**NAPLES, FRANK J.**  
**8621 ARCOLA AVENUE**  
**HUDSON FL 34667**

Name Same  
 Street Address (P.O. Box Number is Not Acceptable)  
**9100 BOLTON AVE**  
~~HUDSON~~  
 City **HUDSON** FL Zip Code **34667**

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 Frank J. Naples (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	NAPLES, FRANK J.	
STREET ADDRESS	11248 LAKEVIEW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	NAPLES, PAMELA A.	
STREET ADDRESS	11248 LAKEVIEW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Camela G. Naples Pamela A. Naples 2/9/05 727-863-5143  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #