


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
9100 BOLTON AVE **P.O. BOX 5962**
HUDSON, FL 34667 **HUDSON, FL 34674**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2822333 Not Applicable

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

6. Name and Address of Current Registered Agent
NAPLES, FRANK J.
9100 BOLTON AVE
HUDSON, FL 34667

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NAPLES, FRANK J.
STREET ADDRESS	11248 LAKEVIEW DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	DVTS
NAME	NAPLES, PAMELA A.
STREET ADDRESS	11248 LAKEVIEW DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
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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03/06/06 80023-017 158.75

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: Frank J. Naples Pamela A. Naples Date: 3/2/06 Daytona Phone #: 727-823-5143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR