2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 25, 2006 08:00 AM DOCUMENT # J78844 **Secretary of State** CABINET SYSTEMS OF CENTRAL FLORIDA INC. Principal Place of Business Mailing Address 2716 FORSYTH ROAD 2716 FORSYTH ROAD UNIT 114 WINTER PARK FL 32792 **UNIT 114** WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc tst MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2852079 Not Applicate Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEBERT, JEFF Street Address (P.O. Box Number is Not Acceptable) 2716 FORSYTH ROAD **UNIT 114** WINTER PARK FL 32792 City Zip Cade 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 Signature Typed or printed name of registered agent and title I applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THIS ☐ Change Addition U00000399979 NAME HEBERT, JEFF NAME STREET ADDRESS 2716 N FORSYTH RD #114 STREET ADDRESS 02/01/06-80035-005 150.00 CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP VST TITLE Delete TITLE ☐ Change Addition NAME JONES, DENNIS MARAE STREET ADDRESS 2716 N FORSYTH RD #114 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME JONES, DENNIS MAME STREET ADDRESS STREET ADDRESS 2716 N FORSYTH RD #114 CITY - ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-51-712 TITLE Delete THE . ☐ Change Addition NAME STREET ADDRESS SYREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or an an attachment with ap address, with all other like empowered.

FILED

1-18-06