

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90272 007 ***158.75

DOCUMENT # K01489

1. Entity Name

THE CABINET SHOP OF LEE COUNTY, INC.



Principal Place of Business

2550 EDISON AVE
FT. MYERS FL 33901

Mailing Address

2550 EDISON AVE
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0012396

Applied For

Not Applicable

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

WHEELER, TIMOTHY
2550 EDISON AVE
FT. MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	WHEELER, L. EDGAR, JR	
STREET ADDRESS	2550 EDISON AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRIPP, TERRENCE	
STREET ADDRESS	2550 EDISON AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, TIMOTHY	
STREET ADDRESS	2550 EDISON AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHEELER, LOUISE	
STREET ADDRESS	2550 EDISON AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Not an officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheeler, L. Edgar JR	
STREET ADDRESS	2550 Edison Ave Ft Myers FL 33901	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Sec. Treas.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wheeler, Timothy	
STREET ADDRESS	2550 Edison Ave Ft. Myers, FL 33901	
CITY-ST-ZIP		
TITLE	Not an officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheeler, Louise	
STREET ADDRESS	2550 Edison Ave. Ft. Myers, FL 33901	
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
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim N. Wheeler 4/26/04 (239) 334-2046