

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90058 044 ***150.00

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

DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

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

WHEELER, TIMOTHY
2550 EDISON AVE
FT. MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WHEELER, L EDGAR, JR
STREET ADDRESS	2550 EDISON AVE.
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	VP
NAME	TRIPP, TERRENCE
STREET ADDRESS	2550 EDISON AVE
CITY-ST-ZIP	FT MYERS, FL
TITLE	PST
NAME	WHEELER, TIMOTHY
STREET ADDRESS	2550 EDISON AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	ST
NAME	WHEELER, LOUISE
STREET ADDRESS	2550 EDISON AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

✓ 4-12-05

✓ 239-334-2046