

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K98360</b><br>1. Entity Name<br><b>VO-TECH CUSTOM CABINETS, INC.</b> |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>%BOB VOIGTS<br/>1646 TILLEY AVENUE, UNIT E<br/>CLEARWATER, FL 34616</b> | Mailing Address<br><b>%BOB VOIGTS<br/>1646 TILLEY AVENUE, UNIT E<br/>CLEARWATER, FL 34616</b> |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|



03022004 No Chg-P CR2E034 (10/03)

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|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2963756</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**VOIGTS, BOB  
1646 TILLEY AVENUE, UNIT E  
CLEARWATER, FL 34616**

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

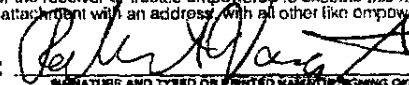
|                                                                                     |                                        |
|-------------------------------------------------------------------------------------|----------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> |
|-------------------------------------------------------------------------------------|----------------------------------------|

000000087055  
03/12/04-80048-005 150.00

| 10. OFFICERS AND DIRECTORS                        |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>VOIGTS, BOB<br>2224 HEMERICK PLACE<br>CLEARWATER, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-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)(f), 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:  3-8-04 727-587-9065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #