

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001265

Entity Name: JACK'S CABINET SERVICE, LLC

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

1807 SE 15TH STREET
CAPE CORAL, FL 33990

New Principal Place of Business:

5138 SW 3RD AVE
CAPE CORAL, FL 33914

Current Mailing Address:

1807 SE 15TH STREET
CAPE CORAL, FL 33990

New Mailing Address:

5138 SW 3RD AVE
CAPE CORAL, FL 33914

FEI Number: 27-0090480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, JOHN A
1807 SE 15TH STREET
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

ZIMMERMAN, JOHN A
5138 SW 3RD AVE
CAPE CORAL, FL 33914 US

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.

SIGNATURE: JOHN ZIMMERMAN

02/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZIMMERMAN, JOHN A
Address: 1807 SE 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: ZIMMERMAN, EDWARD A
Address: PO BOX 152042
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZIMMERMAN, EDWARD A
Address: 5138 SW 3RD AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change () Addition
Name: ZIMMERMAN, JOHN A
Address: PO BOX 152042
City-St-Zip: CAPE CORAL, FL 33915

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD ZIMMERMAN

MGRM

02/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date