

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39878

Entity Name: INNOVATIVE CABINETS OF S.W FLORIDA, INC.

FILED  
Jan 27, 2005  
Secretary of State

**Current Principal Place of Business:**

2571 KATHERINE STREET  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2166  
FORT MYERS, FL 339022166 US

**New Mailing Address:**

FEI Number: 65-0161841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHANKIN, DONNA  
2571 KATHERINE STREET  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHANKIN, DONNA,  
Address: 2571 KATHERINE ST  
City-St-Zip: FT MYERS FL,

Title: V (X) Delete  
Name: BERTOLOTTI, WILLIE,  
Address: 2571 KATHERINE ST  
City-St-Zip: FT MYERS FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA SHANKIN

P

01/27/2005

Electronic Signature of Signing Officer or Director

Date