

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90036 030 ***150.00

DOCUMENT # M84422

1. Entity Name

MIKE WELLS CUSTOM CABINETS, INC.



Principal Place of Business

MICHAEL WELLS
5050 ISCAFF RD.
ST. AUGUSTINE FL 32084

Mailing Address

MICHAEL WELLS
5050 ISCAFF RD.
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-2890919**

Applied For
☒ Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, MICHAEL I
5050 ISCAFF RD.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Pamela Wells
Street Address (P.O. Box Number is Not Acceptable)
5050 T Scaff Rd.
St. Aug.
City FL Zip Code 32092

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	D	<input type="checkbox"/> Delete
NAME	WELLS, MICHAEL I	
STREET ADDRESS	5050 ISCAFF RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, LINDA	
STREET ADDRESS	5050 ISCAFF RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, MICHAEL I	
STREET ADDRESS	5050 ISCAFF RD.	
CITY-ST-ZIP	ST AUG FL 32092	
TITLE	S	<input type="checkbox"/> Delete
NAME	Pamela Wells	
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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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 exemptions contained in Section 119, 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:

Michael Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #