


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90021 045 \*\*\*150.00

<b>DOCUMENT # M89028</b>			
1. Entity Name SUN CABINETS OCALA, INC.			
Principal Place of Business 4 OAK DRIVE OCALA, FL 34472 US		Mailing Address 4 OAK DRIVE OCALA, FL 34472 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 720-0720	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Oak Hill, FL	
Zip	Country	Zip	Country
32759	USA	32759	USA
6. Name and Address of Current Registered Agent BRENTZEL, CHARLES SR. 4 OAK DR OCALA, FL 32672		7. Name and Address of New Registered Agent Name: Albert J. Vidal Street Address (P.O. Box Number is Not Acceptable): 421 S. Pine Ave City: Ocala FL Zip Code: 34474	
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: <i>Albert J. Vidal</i> Albert J. Vidal 2/19/07 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, 2007 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRENTZEL, CHARLES S 4 OAK DRIVE OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Blanche Brentzel P.O. Box 720-0720 Oak Hill, FL 32759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Mrs. Charles D. Brentzel</i> (MRS. CHARLES D. BRENTZEL)		2-19-2007 352-875-6497	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Paid - CK # 128611