

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000004354

1. Entity Name
AWR CABINETS, INC.



Principal Place of Business

4155 ST. JOHNS PKWY
STE 1500
SANFORD, FL 32771

Mailing Address

4155 ST. JOHNS PKWY
STE 1500
SANFORD, FL 32771



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, STEPHEN W
4155 ST. JOHNS PARKWAY
STE 1500
SANFORD, FL 32771

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ELLIOTT, STEPHEN W
STREET ADDRESS 5155 PLATO COVE
CITY-ST-ZIP SANFORD, FL 32773

TITLE VP
NAME ELLIOT, JOSHUA
STREET ADDRESS 1306 LODGE TERR
CITY-ST-ZIP DELTONA, FL 32738

TITLE VP
NAME WARREN, LANCE
STREET ADDRESS 415 DOYLE RD
CITY-ST-ZIP OSTEEN, FL 32764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000727033
05/04/07-80031-007 150.00

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IN THIS SPACE**

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:

Stephen Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07
Date

407-323-1415
Daytime Phone #