


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000004354 1. Entity Name AWR CABINETS, INC.	
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Principal Place of Business 4155 ST. JOHNS PKWY STE 1500 SANFORD, FL 32771	Mailing Address 4155 ST. JOHNS PKWY STE 1500 SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3632567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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DO NOT WRITE 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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOTT, STEPHEN W 5155 PLATO COVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIOT, JOSHUA 1306 LODGE TERR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, LANCE 415 DOYLE RD OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000821893 02/19/08-80045-011 150.00</p> DO NOT WRITE IN THIS SPACE
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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, will be the same like empowered.

SIGNATURE:  Stephen Elliott 2/8/08 407-323-1415	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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