


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000006168 1. Entity Name CLASSIC WOOD CABINETRY, INC.						<div style="transform: rotate(-15deg);"> FILED 05 APR 26 PM 4:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 9000 BROKEN LANCE DR. TALLAHASSEE, FL 32312				Mailing Address 9000 BROKEN LANCE DR. TALLAHASSEE, FL 32312			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RENNA, SUSAN M 9000 BROKEN LANCE DR. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DPT <i>Schaffer</i> RENNA, SUSAN 9000 BROKEN LANCE DR. TALLAHASSEE, FL 32312				300053837909 05/04/05--01047--004 **150.00			
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12. 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 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>Susan Schaffer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/26/05 <small>Date</small>			
850-668-9469 <small>Daytime Phone #</small>							

TALLAHASSEE APR 26 2005