

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052092

FILED
Feb 25, 2005
Secretary of State

Entity Name: CABINETRY & GLASS DESIGNS BY CARLEVALE, INC.

Current Principal Place of Business:

9209 SHELLGROVE CT.
TAMPA, FL 33615

New Principal Place of Business:

343 E. DOUGLAS M7
OLDSMAR, FL 34677

Current Mailing Address:

9209 SHELLGROVE CT.
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3721272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLEVALE, DONNA
9209 SHELLGROVE CT.
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLEVALE, DONNA
Address: 9209 SHELLGROVE CT.
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CARLEVALE, DONNA
Address: 9209 SHELLGROVE CT.
City-St-Zip: TAMPA, FL 33615

Title: VP () Change (X) Addition
Name: ANDREWS, CHERYLE
Address: 9209 SHELLGROVE CT
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CARLEVALE

PRES

02/25/2005

Electronic Signature of Signing Officer or Director

Date