


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000078970</b> 1. Entity Name EXQUISITE CABINETRY & DESIGN, INC.	
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Principal Place of Business 12541 METRO PKWY., SUITE 20 FT. MYERS, FL 33912	Mailing Address 12541 METRO PKWY., SUITE 20 FT. MYERS, FL 33912
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1131854	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

BREWER, KENNY  
12541 METRO PKWY., SUITE 20  
FORT MYERS, FL 33912

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000899317 04726708-60034-011-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BREWER, KENNEY 12541 METRO PKWY. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERANDO, STEVEN A 408 PARKWAY COURT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #