

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113967

FILED
Apr 24, 2006
Secretary of State

Entity Name: CABINET WORKS OF JACKSONVILLE, INC.

Current Principal Place of Business:

2650-3 ROSSELLE STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2650-3 ROSSELLE STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3759790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, SAMUEL D
2041 GLENFIELD CROSSING COURT
SAINT AUGUSTINE, FL 32092 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: PSD () Delete
Name: STEWART, ANDREW J
Address: 4218 ANVERS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VTD () Delete
Name: LEE, SAMUEL D
Address: 3435 CULLENDON LANE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: LEE, SAMUEL D
Address: 2041 GLENFIELD CROSSING COURT
City-St-Zip: ST.AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SAMUEL DAVID LEE

VTD

04/24/2006

Electronic Signature of Signing Officer or Director

Date