## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000011694

Entity Name: SUNSET CABINETS, INC.

**FILED** Mar 08, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1741 EMERALD COVE CIRCLE 5961 TARPON GARDENS CIRCLE CAPE CORAL, FL 33991

#101

CAPE CORAL, FL 33914

**Current Mailing Address: New Mailing Address:** 

1741 EMERALD COVE CIRCLE 5961 TARPON GARDENS CIRCLE

CAPE CORAL, FL 33991 #101

CAPE CORAL, FL 33914

FEI Number: 03-0409691 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIPOLLA, SALAVATORE JR CIPOLLA, SALAVATORE JR 1741 EMÉRALD COVE CIRCLE 5961 TARPON GARDENS CIRCLE CAPE CORAL, FL 33991

CAPE CORAL, FL 33914 US

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: 03/08/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete CIPOLLA, SALAVATORE JR Name: 1741 EMERALD COVE CIRCLE Address: City-St-Zip: CAPE CORAL, FL 33991

( ) Delete Title: VSTD CIPOLLA, BETH B Name:

1741 EMERALD COVE CIRCLE Address:

CAPE CORAL, FL 33991 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition CIPOLLA, SALAVATORE JR Name:

5961 TARPON GARDENS CIRCLE #101 Address:

City-St-Zip: CAPE CORAL, FL 33914

Title: VSTD (X) Change ( ) Addition

Name: CIPOLLA, BETH B.

Address: 5961 TARPON GARDENS CIRCLE #101

CAPE CORAL, FL 33914 City-St-Zip:

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: BETH BOVA-CIPOLLA **VSTD** 03/08/2005