


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P02000112449</b><br>1. Entity Name<br><b>S&amp;G CUSTOM CABINETRY &amp; FURNITURE INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1378 N. KILLIAN DR.<br/>SUITE 12<br/>LAKE PARK, FL 33403 US</b> | Mailing Address<br><b>1378 N. KILLIAN DR.<br/>SUITE 12<br/>LAKE PARK, FL 33403 US</b> |
|---|---|



02152004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number<br><b>03-0487150</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>MEYER, GEORGE<br/>16537 134TH TERR. N<br/>JUPITER, FL 33478</b> |
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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 replacing) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>00000067797</b><br><b>02/27/04-80013-023 150.00</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>CEO<br/>MEYER, DEBBIE<br/>16537 134TH TERR. N<br/>JUPITER, FL 33478</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PST<br/>MEYER, GEORGE<br/>16537 134TH TERR. N<br/>JUPITER, FL 33478</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 807, 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:** *George Meyer* **2/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #