


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000115031 1. Entity Name COASTAL CABINETRY OF THE PALM BEACHES, INC.	
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Principal Place of Business 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073	Mailing Address 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073
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DO NOT WRITE IN THIS SPACE



06202005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1654103	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

MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUPP, MICHAEL 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORN, GREGORY 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073
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06/27/05-80002-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 6/22/05 (954) 979-6299

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