

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000115031

1. Entity Name
COASTAL CABINETRY OF THE PALM BEACHES, INC.



Principal Place of Business
**4100 N. POWERLINE ROAD
#D5
POMPAÑO BEACH, FL 33073**

Mailing Address
**4100 N. POWERLINE ROAD
#D5
POMPAÑO BEACH, FL 33073**

DO NOT WRITE IN THIS SPACE



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1654103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 POMPAÑO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BORN, GREGORY 4100 N. POWERLINE ROAD #D5 POMPAÑO BEACH, FL 33073
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07/20/06-80001-004 150.00

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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

7-13-06

Date

954-979-6799

Daytime Phone #