

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 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
POMPANO BEACH, FL 33073**

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



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000611677
02/02/07-80072-025 150.00

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IN THIS SPACE**

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: Michael F. Grupp, Pres **1-8-07 (954) 979-6799**