

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90080 012 \*\*\*150.00

<b>DOCUMENT # P03000005300</b> 1. Entity Name <b>COMMONWEALTH CABINETS, INC.</b>					
Principal Place of Business <b>3406 COMMONWEALTH AVENUE JACKSONVILLE, FL 32205</b>			Mailing Address <b>3406 COMMONWEALTH AVENUE JACKSONVILLE, FL 32205</b>		
2. Principal Place of Business <b>3406 Commonwealth Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3406 Commonwealth Ave.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL.</b> Zip <b>32254</b> Country <b>Duval</b>		City & State <b>Jacksonville, FL.</b> Zip <b>32254</b> Country <b>Duval</b>		4. FEI Number <b>01-0766716</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAFARO, JAMES R 3406 COMMONWEALTH AVENUE JACKSONVILLE, FL 32205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not-Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAFARO, JAMES R</b> <b>1612 MT. VERNON DRIVE</b> <b>JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VETTER, PAUL</b> <b>1287 BAYSHORE DRIVE N.</b> <b>ATLANTIC BEACH, FL 32233</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CAFARO, ALEX</b> <b>5133 COLONIAL AVENUE</b> <b>JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3406 Commonwealth Ave.</b> <b>Jacksonville, FL. 32254</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1647 Mt. Vernon Dr.</b> <b>Jacksonville, FL. 32210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>James Cafaro</u> <b>James Cafaro</b> <span style="float: right;">4/7/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>					