


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 002 ***150.00

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| DOCUMENT # P03000040585 |  |
| 1. Entity Name MAIN STREET CABINETRY COMPANY | |

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| Principal Place of Business 4033 TAMPA RD. STE. 102 OLDSMAR, FL 34677 | Mailing Address 4033 TAMPA RD. STE. 102 OLDSMAR, FL 34677 |
|---|---|

20048443

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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address 2895 Grey Oaks Blvd Suite, Apt. #, etc. City & State Zip |
| | Tarpon Springs, FL 34688 U.S.A. |



04182005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 13-4247962 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WATERS, CODY W 501 E KENNEDY BLVD STE 17000 TAMPA, FL 33602 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARDS, JOSEPH G 4033 TAMPA RD., STE. 102 OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS RUTENBERG, MARC 1351 WILLOWBROOK DR PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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.

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| SIGNATURE:  _____ MARC RUTENBERG | Date 4/19/05 (727) 945-0077 Daytime Phone # |
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