

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Def # 4857
FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000045340

1. Entity Name
CLEARWATER CABINETS, INCORPORATED



Principal Place of Business
**131 VOLLMER AVENUE
OLDSMAR FL 34677**

Mailing Address
**131 VOLLMER AVENUE
OLDSMAR FL 34677**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**COLEMAN, CHRISTOPHER L
131 VOLLMER AVENUE
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 non-voluntary) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE	100000402047	☐ Change	☐ Add
NAME	COLEMAN, CHRIS			NAME	02/12/06-80070-022 150.00		
STREET ADDRESS	131 VOLLMER AVE.			STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: *Chris Coleman* **Chris Coleman** **1-24-05** **813-891-94**