


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000047008 1. Entity Name EXCLUSIVE CABINETS AND FLOOR COVERINGS INC.	
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Principal Place of Business 3242 NW 19TH STREET CAPE CORAL, FL 33933	Mailing Address 3242 NW 19TH STREET CAPE CORAL, FL 33933
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DO NOT WRITE IN THIS SPACE



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3769932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LORENCE, SHERRY 3242 NW 19TH STREET CAPE CORAL, FL 33933
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**DO NOT WRITE
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: *Sherry Lorence* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	PVST LORENCE, THOMAS W 3242 NW 19TH STREET CAPE CORAL, FL 33933
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENCE, THOMAS W 3242 NW 19TH STREET CAPE CORAL, FL 33933
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF LORENCE, SHERRY 3242 NW 19TH STREET CAPE CORAL, FL 33933
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000574321
08/14/06-80009-014 550.00

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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: *Sherry Lorence* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____