


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90373 032 ***150.00

DOCUMENT # P03000058465 1. Entity Name WILTSHIRE CUSTOM CABINETRY INC.	
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Principal Place of Business 5534 YAHL ST NAPLES, FL 34109	Mailing Address 5534 YAHL ST NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

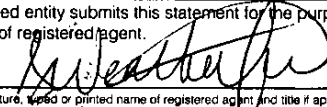
4. FEI Number 20-0026793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEATHERFORD, SUSAN
2113 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110**

**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  DATE **2/8/08**

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, 2008 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNN, ANDREW E 125 CARIBBEAN RD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEATHERFORD, SUSAN 2113 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #