

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90267 049 \*\*\*150.00

DOCUMENT # P03000075285

1. Entity Name  
CHEROKEE CABINETS, INC.



Principal Place of Business	Mailing Address
15790 ROLLING MEADOWS CIRCLE WELLINGTON, FL 33414	15790 ROLLING MEADOWS CIRCLE WELLINGTON, FL 33414
550 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411	1635 S.E. SHELburnIE WAY PT. ST. LUCIE, FL 34952



03172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0097992	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

REED, WILLIAM  
15790 ROLLING MEADOWS CIRCLE  
WELLINGTON, FL 33414

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	REED, WILLIAM
STREET ADDRESS	1635 S.E. SHELburnIE WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33414 PT. ST. LUCIE, 34952
TITLE	V-P
NAME	LINDA L. REED
STREET ADDRESS	1635 S.E. SHELburnIE WAY
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: William Reed - WILLIAM REED 3-17-06 561-790-3368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #