2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/9/2(

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-09-2004 90007 018 ***150.00

DOCUMENT # P03000083301

1. Entity Name
MARTIN'S CUSTOM CABINETS OF NAPLES, INC.

66430478

07072004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2180 OAKES BOULEVARD NAPLES, FL 34119	2180 OAKES BOULEVARD NAPLES, FL 34119

2. Principal Place of Business	3. Mailing Address
2180 OAKES Blvd	2180 oakes Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples Fla	City & State: Naples Fla
Zip: 34119 Country: Collier	Zip: 34119 Country: Collier

4. FEI Number: 65-0311447 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, RIGOBERTO
2180 OAKES BOULEVARD
NAPLES, FL 34119

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 [signature] DATE
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, RIGOBERTO 2180 OAKES BOULEVARD NAPLES, FL 34119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] Rigoberto Martin 239-591-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #