

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90127 036 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P03000083301</b><br>1. Entity Name<br><b>MARTIN'S CUSTOM CABINETS OF NAPLES, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>2180 OAKES BOULEVARD<br/>NAPLES, FL 34119</b>  |  |   | Mailing Address<br><b>2180 OAKES BOULEVARD<br/>NAPLES, FL 34119</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>6080 GOLDEN OAKS LANE</b>   |  | 3. Mailing Address<br><b>6080 GOLDEN OAKS LANE</b>  |   |   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |   |   |  |
| City & State<br><b>NAPLES FL</b>   |  | City & State<br><b>NAPLES FL</b>  |   | 4. FEI Number<br><b>65-0311147</b>  |  |
| Zip<br><b>34119</b>  |  | Country<br><b>COLLIER</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |  |
| Zip<br><b>34119</b>  |  | Country<br><b>USA</b>   |   | 6. Name and Address of Current Registered Agent<br><b>MARTIN, RIGOBERTO<br/>2180 OAKES BOULEVARD<br/>NAPLES, FL 34119</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b>   |  | Zip Code<br>  |   |   |  |
| 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 <b>7/10/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>MARTIN, RIGOBERTO<br/>2180 OAKES BOULEVARD<br/>NAPLES, FL 34119</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: _____ DATE <b>7/10/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |