

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 036 ***150.00

DOCUMENT # P03000101071 1. Entity Name PS CABINET WORKS INC.			
Principal Place of Business 5551 WESTGATE BLVD. 101 LEHIGH ACRES, FL 33971		Mailing Address 5551 WESGATE BLVD. 101 LEHIGH ACRES, FL 33971	
2. Principal Place of Business - No P.O. Box # 551 Westgate Blvd Suite, Apt. #, etc. 101 City & State Lehigh Acres, FL Zip 33971		3. Mailing Address 551 Westgate Blvd Suite, Apt. #, etc. 101 City & State Lehigh Acres, FL Zip 33971	
4. FEI Number 20-0229271		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 RUSSELL, EARL R 322 GUNNERY ROAD SUITE D LEHIGH ACRES, FL 33971		7. Name and Address of New Registered Agent Name Patrick Sakitis Street Address (P.O. Box Number is Not Acceptable) 217 Jefferson Ave City Lehigh Acres FL Zip Code 33972	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAKITIS, PATRICK 217 JEFFERSON AVE LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAKITIS, Patrick m. 217 Jefferson Ave Lehigh Acres, FL 33972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAKITIS, Patrick m. Jr. 217 Jefferson Ave Lehigh Acres, FL 33972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKITIS, James 217 Jefferson Ave Lehigh Acres, FL 33972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/23/07 Daytime Phone #: 239-303-3777	