2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102937

NAVARRO, TAMMY S

NAPLES, FL 34117

225 17TH STREET S.W.

Name:

Address:

City-St-Zip:

FILED Jan 24, 2005 Secretary of State

Entity Name: JOE'S CUSTOM CABINETRY, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
225 17TH S NAPLES, F	STREET S.W. L 34117				
Current Mailing Address:			New Mailing Address:		
225 17TH S NAPLES, F	STREET S.W. L 34117				
FEI Number:	20-0235717	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NAVARRO, SUZANNA M 225 17TH ST SW NAPLES, FL 34117 US			NAVARRO, SUZANN 2680 6TH AVE NE NAPLES, FL 34120		
The above in the State		ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: SUZANNA NAVARRO				01/24/2005	
	Electron	c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () NAVARRO, JOS 225 17TH STRE NAPLES, FL 34	ET S.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () NAVARRO, TAM 225 17TH STRE NAPLES, FL 34	ET S.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () NAVARRO, JOS 225 17TH STRE NAPLES, FL 34	ET S.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SECT ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TAMMY NAVARRO VΡ 01/24/2005