

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104421

Entity Name: E.R. CABINETRY, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

3400 WESTVIEW DR
UNIT B
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4100 GAIL BLVD
NAPLES, FL 34104

New Mailing Address:

FEI Number: 05-0588287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, EILEEN
4100 GAIL BLVD
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, ERIC C
Address: 3400 WESTVIEW DR UNIT B
City-St-Zip: NAPLES, FL 34104

Title: VST () Delete
Name: REYNOLDS, EILEEN
Address: 4100 GAIL BLVD
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: EILEEN REYNOLDS

VP

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date