

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90010 018 \*\*\*150.00

**DOCUMENT # P03000113228**

1. Entity Name  
**21ST CENTURY CABINETS INC**



Principal Place of Business  
**1193 ENTERPRISE DR.  
PORT CHARLOTTE DR., FL 33948**

Mailing Address  
**1193 ENTERPRISE DR.  
PORT CHARLOTTE DR., FL 33948**

**54007283**



01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0513373** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAMOS, CHARLES  
8481 SAN PABLO AVE.  
NORTH PORT, FL 34287**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PVST** ☐ Delete  
NAME **RAMOS, CHARLES G JR.**  
STREET ADDRESS **1193 ENTERPRISE DR.**  
CITY-ST-ZIP **PORT CHARLOTTE DR., FL 33948**

TITLE **D** ☒ Delete  
NAME **RAMOS, CHARLES G JR.**  
STREET ADDRESS **1193 ENTERPRISE DR.**  
CITY-ST-ZIP **PORT CHARLOTTE DR., FL 33948**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DPST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Ramos, Charles G., III**  
STREET ADDRESS **8481 San Pablo Ave.**  
CITY-ST-ZIP **North Port, FL 34287-5423**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Charles Ramos Jr. 2-12-04 941-815-1814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #