

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90022 012 \*\*\*150.00

**50009515**



<b>DOCUMENT # P03000113259</b> 1. Entity Name <b>CABINET INSTALLATIONS BY STEVE HEIDENREICH INC.</b>					
Principal Place of Business 12362 3RD. ST. S.E. FT. MYERS, FL 33905 US			Mailing Address 12362 3RD. ST. S.E. FT. MYERS, FL 33905 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>77-0618799</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEIDENREICH, STEVE G 12362 3RD. ST. S.E. FT. MYERS, FL 33905				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES		TITLE		
NAME	HEIDENREICH, STEVE G		NAME		
STREET ADDRESS	12362 3RD. ST. S. E.		STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS, FL 33905		CITY - ST - ZIP		
TITLE	VP		TITLE		
NAME	HEIDENREICH, PAMELA		NAME		
STREET ADDRESS	12362 3RD ST SE		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33905		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Steve Heidenreich</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-3-06 234-872-1618 <small>Date Daytime Phone #</small>		