2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2005 08:00 AM Secretary of State JOCUMENT # P03000113265 1. Entity Name PETE'S CABINET INSTALLATION, INC. Principal Place of Business Mailing Address 3521 8TH AVENUE SE NAPLES FL 34117 3521 8TH AVENUE SE NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0304417 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTOVENIA, PEDRO Street Address (P.O. Box Number is Not Acceptable) 3521 8TH AVENUE SE NAPLES FL 34117 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TOLLE Change Addition NAME SANTOVENIA, PEDRO NAME U00000232991 3521 8TH AVENUE SE STREET ADDRESS STREET ADDRESS 02/17/05-80020-006 150.00 CITY - ST - ZIP NAPLES FL 34117 CHY-ST-ZIP TITLE VP ☐ Delete TEDE Сhange ☐ Addition NAME SANTOVENIA, PEDRO STREET ADDRESS 3521 8TH AVENUE SE STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME SANTOVENIA, PEDRO STREET AUDRESS 3521 8TH AVENUE SE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34117 CITY-ST-7/P TITLE TITLE ☐ Delete Change ☐ Addition SANTOVENIA, PEDRO NAME NAME 3521 8TH AVENUE SE STREET ADDRESS STREET ADDRESS CtTY-ST-7iP NAPLES FL 34117 CITY - ST - ZIP THILE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-7IP

HILE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7-5-05

(239) 289-9135

Change

☐ Addition

FILED