

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117631

Entity Name: THEE CABINET SHOP, INC.

FILED
Jan 14, 2007
Secretary of State

Current Principal Place of Business:

4994 TROTT CIRCLE
17
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

4994 TROTT CIRCLE
17
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 20-0317737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMENTROUT, TERRY
170 W. DEARBORN STREET
ENGLEWOOD, FL 34223 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEARNEY, GARY
Address: 1315 TINAMOU ROAD
City-St-Zip: VENICE, FL 34293 US

Title: VP () Delete
Name: SAMS, SCOTT
Address: 4312 ULMAN AVENUE
City-St-Zip: NORTH PORT, FL 34286 US

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: GARY O. KEARNEY

P

01/14/2007

Electronic Signature of Signing Officer or Director

_____ Date