

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000119785

1. Entity Name
JOHNS CABINET SHOP INC



Principal Place of Business
**814 E ANNIE STREET
TAMPA, FL 33612-8004**

Mailing Address
**814 E ANNIE STREET
TAMPA, FL 33612-8004**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2034661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETIT, JOHN
814 E ANNIE STREET
TAMPA, FL 33612-8004**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETIT, JOHN SR.
STREET ADDRESS	814 E ANNIE STREET
CITY-ST-ZIP	TAMPA, FL 336128004
TITLE	VPD
NAME	PETIT, JOHN L JR.
STREET ADDRESS	5619 12TH ST.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	SD
NAME	LADOMIRAK, PAUL
STREET ADDRESS	10927 ASTER AVE.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000638250
02/27/07-80023-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Petit SR **John Petit SR** **PRES** **2/13/07** **813 9358522**