


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03000123143 1. Entity Name ERNEST J. JANUARY CABINETS, INC.	
---------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 325 FERNANDINA ST NW PALM BAY, FL 32907	Mailing Address 325 FERNANDINA ST NW PALM BAY, FL 32907
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0354691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JANUARY, ERNEST J 325 FERNANDINA ST NW PALM BAY, FL 32907

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANUARY, ERNIE JOE 325 FERNANDINA ST. NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANUARY, PATRICIA 325 FERNANDINA ST. NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANUARY, ERNEST J 325 FERNANDINA ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANUARY, JEFFREY A 325 FERNANDINA ST NW PALM BAY, FL 32907
ADDRESS CITY-ST-ZIP	

000000765345
05/31/07-80036-008 158.75

**DO NOT WRITE
IN THIS SPACE**

I 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 in 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 of this report.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-07

321-508-2600