

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127138

Entity Name: JPA CABINETRY INC.

FILED  
Mar 09, 2007  
Secretary of State

**Current Principal Place of Business:**

5772 MOUNT OLIVE RD  
POLK CITY, FL 33868 US

**New Principal Place of Business:**

**Current Mailing Address:**

5772 MOUNT OLIVE RD  
POLK CITY, FL 33868 US

**New Mailing Address:**

FEI Number: 20-0373739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, TAMI  
4350 LAROSA AVENUE  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

BROWN, NOEL  
1872 TAMAMIAMI TRAIL S  
SUITE G  
VENICE, FL 34293 US

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: NOEL BROWN

03/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D, P ( ) Delete  
Name: ANSORGE, JOACHIM  
Address: 5772 MOUNT OLIVE RD  
City-St-Zip: POLK CITY, FL 33868 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOACHIM ANSORGE

DP

03/09/2007

Electronic Signature of Signing Officer or Director

Date