2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000128667

1. Entity Name

CHARLOTTE HARBOR CABINETS, INC.



FILED Feb 27, 2006 08:00 AN Secretary of State

Principal Place of Business

4220 HARBOR BLVD. PORT CHARLOTTE, FL 33952 Mailing Address

4220 HARBOR BLVD.

PORT CHARLOTTE, FL 33952



02022006

02022006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0410382

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REICH, HOWARD A SR 4220 HARBOR BLVD. PORT CHARLOTTE, FL 33952

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	named entity submits this statement for the prints of registered agent.	urpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	ignature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agent signatur	e required when reinstating)	DATE
	NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<u> </u>
NAME STREET ADDRESS	D REICH, HOWARD A SR. 4220 HARBOR BLVD. PORT CHARLOTTE, FL 33952				000000450722 03/10/06 80016 018 150.00
NAME STREET ADDRESS	D REICH, HOWARD A JR. 4220 HARBOR BLVD. PORT CHARLOTTE, FL 33952				
FITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY+ST+ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP					•
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 attachreght with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C

HOWNED A. Peich SZ

2-21-06

Dayl/me Phone #