## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138979

Entity Name
 KITCHENS CABINETS & MORE, INC.

Principal Place of Business

5834 NORDE DR. WEST JACKSONVILLE, FL 32244 Mailing Address

5834 NORDE DR. WEST JACKSONVILLE, FL 32244

## FILED Apr 27, 2007 08:00 AM Secretary of State



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
47-0934519	Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

BARTON, PAUL A 5834 NORDE DR. WEST JACKSONVILLE, FL 32244

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

APR 2 5 2007

No Chg-P

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	istered office or r	egistered agent, or bot	h, in the State of Flori	da. I am Iamiliar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Reg	gisterad Agent signature	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, PAUL A 5834 NORDE DR. WEST JACKSONVILLE, FL 32244				Ugor	1010 TO	
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CITY-ST-ZIP			ľ	-	•	,	
12. I nereby of indicated of the corchanged.	tertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the nd accurate and that my s to execute this report as r other like empowered.	e exemptions cor ignature shall hav required by Chap		Florida Statutes. I fit tas if made under oas; and that my name	urther certify that ath; that I am an o appears in Block	the information fficer or director 10 or Block 11 if