


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000140887 1. Entity Name, CITRUS CUSTOM CABINETS ETC., INC.	
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Principal Place of Business 4434 E ARLINGTON AVE, UNIT 11 INVERNESS, FL 34453	Mailing Address 6490 E WINGATE ST INVERNESS, FL 34452
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04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0126296	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 WILDER, LAWRENCE 6490 E WINGATE ST INVERNESS, FL 34452

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, LAWRENCE 6490 E WINGATE ST INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON, ROBERT 6490 E WINGATE ST INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, DANIELLE E TREASUR 6490 E WINGATE ST INVERNESS, FL 34452
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**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: Robert Anton **ROBERT ANTON** 4-9-08 (352) 341-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #