

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000140989

Entity Name: A&K CABINETWERKS, INC.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

12466 SPRING HILL DR.
SPRING HILL, FL 346091922

New Principal Place of Business:

Current Mailing Address:

8017 SHEPHERD AVE.
SPRING HILL, FL 346061922

New Mailing Address:

FEI Number: 20-0397301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERKMEISTER, KELLY
8017 SHEPHERD AVE
SPRING HILL, FL 346061922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WERKMEISTER, ALLEN
Address: 8017 SHEPHERD AVE
City-St-Zip: SPRING HILL, FL 346061922

Title: VPD () Delete
Name: MCKIMM, KEITH
Address: 8317 FOREST OAKS BLVD
City-St-Zip: SPRING HILL, FL 346061922

Title: SD () Delete
Name: BENNETT, JAMES
Address: 12051 SAPPHIRE DR.
City-St-Zip: SPRING HILL, FL 346091922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WERKMEISTER, ALLEN
Address: 8017 SHEPHERD AVE
City-St-Zip: SPRING HILL, FL 346061922

Title: VPD (X) Change () Addition
Name: BENNETT, JAMES
Address: 12051 SAPPHIRE DR.
City-St-Zip: SPRING HILL, FL 346091922

Title: STD (X) Change () Addition
Name: WERKMEISTER, KELLY
Address: 8017 SHEPHERD AVE.
City-St-Zip: SPRING HILL, FL 346061922

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: KELLY WERKMEISTER

STD

04/03/2006

Electronic Signature of Signing Officer or Director

Date