

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144337

1. Entity Name
J. PERRY CABINETS & FINISH CARPENTRY, INC.



Principal Place of Business
**6144 7TH AVE SOUTH
 GULFPORT, FL 33707**

Mailing Address
**6144 7TH AVE SOUTH
 GULFPORT, FL 33707**



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **73-1688214** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, JAMES E
 6144 7TH AVE SOUTH
 GULFPORT, FL 33707**

**DO NOT WRITE
 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000433749
 02/24/06-80029-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRY, JAMES E 6144 7TH AVE SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERRY, DEBORAH L 6144 7TH AVE SOUTH GULFPORT, FL 33707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: James E. Perry, Pres. 2/9/06 727-798-2087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #