

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000153713 1. Entity Name WHITLEY CABINET WORKS, INC.	
--	---

Principal Place of Business 231 BLACK LAKE ROAD OSTEEN, FL 32764 US	Mailing Address 231 BLACK LAKE ROAD OSTEEN, FL 32764 US
---	---



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0505844	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITLEY, DONALD B 231 BLACK LAKE ROAD OSTEEN, FL 32764
--

**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

1000000506453
04/27/06-80022-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITLEY, DONALD B PRESIDE 231 BLACK LAKE ROAD OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR WHITLEY, VICKY B SECRETA 231 BLACK LAKE ROAD OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WHITLEY, VICKY B TREASUR 231 BLACK LAKE ROAD OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Vicky B Whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

4-10-06

407-462-1520

DATE

Daytime Phone #