


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000153964
1. Entity Name
HERMAN CABINETS, INC.



Principal Place of Business Mailing Address
109 CRESTWOOD LANE 109 CRESTWOOD LANE
LARGO, FL 33770 US LARGO, FL 33770 US

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
41-2125894 Not Applicable

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

6. Name and Address of Current Registered Agent
DAFONTE, RICHARD J
1000 BELCHER ROAD SOUTH
SUITE 2
LARGO, FL 33764

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAFONTE, RICHARD J 1000 BELCHER ROAD SOUTH, SUITE 2 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HERMAN, JOHN A 109 CRESTWOOD LANE LARGO, FL 33770
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03/25/06-80009-004 150.00

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: John A. Herman John A. Herman 3-13-06 727-459-6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #