

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90113 006 \*\*\*150.00

<b>DOCUMENT # P04000002235</b>					
<b>1. Entity Name</b> JM CABINETS, INC.					
<b>Principal Place of Business</b> 114 MANDOLIN DR. LAKE PLACID, FL 33852			<b>Mailing Address</b> 114 MANDOLIN DR. LAKE PLACID, FL 33852		
<b>2. Principal Place of Business</b> 1214 CR 621 EAST Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE PLACID, FL Zip 33952 Country USA		<b>City &amp; State</b> Zip Country		<b>4. FEI Number</b> 20-0555823	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MORRISON, JOSEPH P 114 MANDOLIN DR. LAKE PLACID, FL 33852			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE <u>J. Morrison</u> <u>Pres</u> DATE <u>1-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, JOSEPH P 114 MANDOLIN DR. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORRISON, JOSEPH P P.O. Box 1142 LAKE PLACID, FL 33862	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>J. Morrison</u> <u>J. Morrison</u>			Date <u>1-19-06</u> Daytime Phone # <u>863-699-2888</u>		