2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400003100

1. Entity Name

O'CARROLL CUSTOM CABINETS, INC.



FILED Feb 09, 2007 08:00 Al Secretary of State

Principal Place of Business

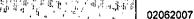
1200 BELLE AVE

190

WINTER SPRINGS, FL 32708

Mailing Address

1609 TORRINGTON CIRCLE LONGWOOD, FL 32750



4. FEI Number	Applied	For
80-0092812	Not App	licabl

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

O'CARROLL DUFFY

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No Chg-P

	RINGTON CIR OD, FL 32750				HIS SPACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or re	gistered agent, or bot	h, in the State of Fiorida. I am familiar with, and accep
	Signature, typed or printed name of registered agent and title a	f applicable. (NOTE: Registere	d Agent signature i	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DIREC	TORS			and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CARROLL, DUFFY 1609 TORRINGTON CIRCLE LONGWOOD, FL 32750				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT WRITE

STREET ADDRESS CITY-ST-ZIP bolied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information all 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 is tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information sy indicated on this report or supplement of the corporation or the receiver of

SIGNATURE

changed, or on an attachment

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

with all other like empowered.