## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED Mar 09, 2006 08:00 AM Secretary of State

DOCUMENT # P04000020396
1. Entity Name
CUSTOM CABINETRY AND BUILT-INS, INC



Principal Place of Business

Mailing Address

2520 NW 16TH LANE

BAY 3

477 NW 36TH AVE DEERFIELD BEACH, FL 33442

POMPANO BEACH, FL 33064



## DO NOT WRITE IN THIS SPACE

01192006	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
04-3785514			Not Applicable		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ROBERT A 477 NW 36TH AVE DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

	$\boldsymbol{\rho}$ named entity submits this statement for the $\boldsymbol{\rho}$ tions of registered agent.	urpose of changing its registers	ed office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and into it	applicable (NOTE Registered	Agent signatur	e required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
ta.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ROBERT A 477 NW 36TH AVE DEERFIELD BEACH, FL 33442	,			
TITLE HAME STREET ADDRESS CITY-ST-ZIP					######################################
TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE MANG STREET ADDRESS CITY-SI-ZIP					
TITLE NAME	·				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I lurther 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 path; 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.

CITY-ST-ZIP