

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90082 045 ***150.00

DOCUMENT # P04000032289

1. Entity Name
JACKSONVILLE CUSTOM CABINETRY, INC.



Principal Place of Business
**1374 ROBBIE DR
JACKSONVILLE, FL 32220**

Mailing Address
**% ANSBACHER & MCKEEL, PA
1301 RIVERPLACE BLVD, STE 2450
JACKSONVILLE, FL 32207-9037**

40046600



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1374 Robbie DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-P CR2E034 (12/06)

City & State

City & State
Jacksonville, Florida

4. FEI Number
81-0643524

Applied For
Not Applicable

Zip

Country

Zip

32220

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

**ANSBACHER & MCKEEL, P.A.
1301 RIVERPLACE BLVD
STE 2450
JACKSONVILLE, FL 32207-9037**

7. Name and Address of New Registered Agent

Name
Kathleen M. Klimek

Street Address (P.O. Box Number is Not Acceptable)
1374 Robbie Dr

City
Jacksonville **FL** Zip Code
32220

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 **Kathleen M Klimek**

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

(NOTE: Registered Agent signature required when reinstating)

3-26-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
KLIMEK, KATHLEEN M
1374 ROBBIE DR
JACKSONVILLE, FL 32220** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Richard T. Klimek Sr.
1374 Robbie Dr.
Jacksonville, FL 32220** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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: **Kathleen M. Klimek** **Kathleen M. Klimek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07 904-781-7543

Date

Daytime Phone #