

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-25-2008 90112 044 ***138.75

06-04-2008 90003 044 ****11.25

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1. Entity Name
NAPLES CUSTOM CABINETS AND MILLWORK, INC.



Principal Place of Business
**1855 J&C BLVD
NAPLES, FL 34109 US**

Mailing Address
**6170 BUR OAKS LANE
NAPLES, FL 34119 US**

40107523



DO NOT WRITE IN THIS SPACE

03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0506111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEICHELT, GEORGE S
6170 BUR OAKS LANE
NAPLES, FL 34109**

**DO NOT WRITE
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 rechartering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PRES
WEICHELT, GEORGE S
6170 BUR OAKS LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-08

Date

Daytime Phone # _____