


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State


05-03-2006 90241 048 ***150.00

DOCUMENT # P04000068364 1. Entity Name L.A. WAITE CABINETRY INC	
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Principal Place of Business 523 OGSTON UNIT A-B WEST PALM BEACH, FL 33405 US	Mailing Address 523 OGSTON UNIT A-B WEST PALM BEACH, FL 33405 US
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DO NOT WRITE IN THIS SPACE

20044003



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1043885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WAITE, LARRY A 523 OGSTON UNIT A-B WEST PALM BEACH, FL 33405	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P WAITE, LARRY A 523 OGSTON UNIT A-B WEST PALM BEACH, FL 33405
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**DO NOT WRITE
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

Larry A Waite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

Date

561-802-8826

Daytime Phone