


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000115315		
1. Entity Name OXLEY CABINET WAREHOUSE, INC.		

Principal Place of Business 7037 COMMONWEALTH AVE., #8 JACKSONVILLE, FL 32220	Mailing Address 7037 COMMONWEALTH AVE., #8 JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0643701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OXLEY, WILLIAM L 110 NORTHSIDE DRIVE SOUTH JACKSONVILLE, FL 32218

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OXLEY, WILLIAM L 110 NORTHSIDE DRIVE SOUTH JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELL, BOBBY JOE 7037 COMMONWEALTH AVE., #8 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELL, LORI OXLEY 7037 COMMONWEALTH AVE., #8 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T STANG, HELENE S 7037 COMMONWEALTH AVE. #8 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

1100000585863
01/16/07-80030-006 150.00

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 or other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # **904-693-5554**

William L. Oxley, President