

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/27/2005-90049-003-\$150.00-\$150.00

DOCUMENT # P04000167941

1. Entity Name
W & W CABINETS AND INSTALLATION, INC.



Principal Place of Business
5255 FOURTH STREET
ZEPHYRHILLS, FL 33541

Mailing Address
5255 FOURTH STREET
ZEPHYRHILLS, FL 33541

05 AUG 26 PM 4:50
TALLAHASSEE, FLORIDA
JUV0040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102005 Chg-P CR2E034 (10/03)

4. FEI Number

72-1590087

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDROSS, JONATHAN M
5255 FOURTH STREET
ZEPHYRHILLS, FL 33541

Name

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

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WINDROSS, JONATHAN M
5255 FOURTH STREET
ZEPHYRHILLS, FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300059384823
09/07/05--01023--001 **\$8.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Jonathan M. Windross 7-23-05 (813) 780-7394