

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000170297

1. Entity Name
VERO CABINET SUPPLY, INC.



Principal Place of Business
754 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962 US

Mailing Address
2040 SW WOODSIDE WAY
PALM CITY, FL 34990 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90022 035 ***150.00

50005190



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2037735	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LOESEL, ROBERT JR 754 OLD DIXIE HWY VERO BEACH, FL 32962

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD LOESEL, ROBERT JR. 2040 SW WOODSIDE WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOESEL, JUDY 2040 SW WOODSIDE HWY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert E. Loesel* Robert E. Loesel 3/12/06 772-770-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #