

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # P05000010052 1. Entity Name ACME CABINETS SUPPLIES INC. | | | | | |
| Principal Place of Business 705 LIVE OAKS ST TARPON SPRINGS, FL 34689 | | | Mailing Address 705 LIVE OAKS ST TARPON SPRINGS, FL 34689 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 06112007 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 30-0293381 | | | | 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 CAMENE, THEO 5517 TROPIC DR NEW PORT RICHEY, FL 34653 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CAMENE, THEO 5517 TROPIC DR NEW PORT RICHEY, FL 34653 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SP CAMENE, KATHY 5517 TROPIC DR NEW PORT RICHEY, FL 34653 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T CAMENE, JAMES 5517 TROPIC DR NEW PORT RICHEY, FL 34653 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 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 live empowered. | | | | | |
| SIGNATURE: THEO CAMENE 6/12/07 727-481-3394 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |