FILED
Mar 21, 2006 8:00 am
Secretary of State
02-27-2006 90111 043 ***150.00

2/2

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000024464

1. Entity Name
JAMES HARRIS CABINETS, INC.

66006262

Principal Place of Business	Mailing Address
601 SW BRANFORD ROAD PORT ST. LUCIE, FL 34983	601 SW BRANFORD ROAD PORT ST. LUCIE, FL 34983

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2345468 ☐ 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
HARRIS, JAMES 601 SW BRANFORD ROAD PORT ST. LUCIE, FL 34983	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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES 601 SW BRANFORD ROAD PORT ST. LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.01P	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: James E Harris President 2/7/06 772-519-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

L06000262

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

JAMES HARRIS CABINETS, INC.
601 SW BRANFORD ROAD
PORT ST. LUCIE, FL 34983

Subject: **JAMES HARRIS CABINETS, INC.**

Reference Number: **P05000024464**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh
ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314

Revised FEI# attached

Mar 13 06 08:34p James Harr 772-340-1299 p.2