

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040027

**FILED**  
**Aug 23, 2006**  
**Secretary of State**

**Entity Name:** ADVANCED CABINETRY & CLOSET SOLUTIONS, INC.

**Current Principal Place of Business:**

5045 ALAMANZA AVE.  
SARASOTA, FL 34235

**New Principal Place of Business:**

1304 6TH ST SOUTHEAST  
RUSKIN, FL 33570

**Current Mailing Address:**

5045 ALAMANZA AVE.  
SARASOTA, FL 34235

**New Mailing Address:**

1304 6TH ST SOUTHEAST  
RUSKIN, FL 33570

FEI Number: 20-2439740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTHARD, BRADFORD J  
5045 ALAMANZA AVE.  
SARASOTA, FL 34235 US

**Name and Address of New Registered Agent:**

GOTHARD, BRADFORD J  
1304 6TH ST SOUTHEAST  
RUSKIN, FL 33570 US

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.

SIGNATURE: BRADFORD GOTHARD

08/23/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GOTHARD, BRADFORD J  
Address: 5045 ALAMANZA AVE.  
City-St-Zip: SARASOTA, FL 34235

Title: VP (X) Delete  
Name: HEIDBRINK, JASON R  
Address: 5045 ALAMANZA AVE.  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: GOTHARD, BRADFORD J  
Address: 1304 6TH ST SOUTHEAST  
City-St-Zip: RUSKIN, FL 33570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADFORD GOTHARD

PSTD

08/23/2006

Electronic Signature of Signing Officer or Director

Date