

P05000053872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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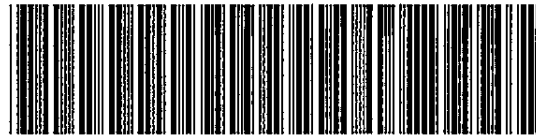
(Business Entity Name)

(Document Number)

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*Resignation
Officer*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*OK
8/17/05*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paradise Custom Cabinetry Inc.
(Name of Corporation)

DOCUMENT NUMBER: P050000 53872

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Raymond

(Name of Person)

Paradise Custom Cabinetry Inc.

(Name of Firm/Company)

2501 53rd Terrace SW

(Address)

Naples, FL 34116

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Raymond

(Name of Person)

at (239) 777-0073

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399