


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90181 012 \*\*\*150.00

<b>DOCUMENT # P05000058182</b> 1. Entity Name <b>JUNCA'S KITCHEN CABINETS &amp; FURNITURE INC.</b>			
Principal Place of Business <b>1501 DAMON AVE KISSIMMEE, FL 34744</b>		Mailing Address <b>13352 GLACIER NATIONAL DR. STE 3405 ORLANDO, FL 32837</b>	
2. Principal Place of Business - No P.O. Box <b>1535 Kelley Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1535 Kelley Ave</b> Suite, Apt. #, etc.	
City & State <b>Kissimmee FL</b> Zip <b>34744</b> Country <b>US</b>		City & State <b>Kissimmee FL</b> Zip <b>34744</b> Country <b>US</b>	
4. FEI Number <b>20-2708771</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JUNCA, DAVID 13352 GLACIER NATIONAL DR #3405 ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNCA, DAVID 13352 GLACIER NATIONAL DR STE 3405 ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBOA, DIANA 13352 GLACIER NATIONAL DR STE 3405 ORLANDO, FL 32837	<input type="checkbox"/> Delete	3323 Pekin ST ST CLOUD, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	3323 Pekin ST ST CLOUD, FL 34772 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>02/18/08</b> Daytime Phone #	