

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90179 048 \*\*\*158.75

**DOCUMENT # P05000059884**

1. Entity Name

CABINETS AND TRIM BY JAKE, INC.



Principal Place of Business

3900 38TH STREET NORTH  
ST. PETERSBURG FL 33714

Mailing Address

3900 38TH STREET NORTH  
ST. PETERSBURG FL 33714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)



4. FEI Number

38-3720602

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RICHARD W  
3900 38TH STREET NORTH  
ST. PETERSBURG FL 33714

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS         | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------|-------------------------|---------------------------------|
| P     | JACOBS, RICHARD W | 3900 38TH AVENUE NORTH | ST. PETERSBURG FL 33714 |                                 |
|       |                   |                        |                         | <input type="checkbox"/> Delete |
|       |                   |                        |                         | <input type="checkbox"/> Delete |
|       |                   |                        |                         | <input type="checkbox"/> Delete |
|       |                   |                        |                         | <input type="checkbox"/> Delete |
|       |                   |                        |                         | <input type="checkbox"/> Delete |
|       |                   |                        |                         | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <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 Section 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:

*Richard W. Jacobs* RICHARD W. JACOBS

4/16/06 418-1826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #