

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/28/2006-90004-038-\$150.00-\$150.00

**FILED**

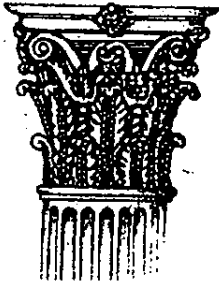
06 SEP 18 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUU40074

<b>DOCUMENT # P05000103630</b> 1. Entity Name <b>JOHNSON'S CUSTOM CABINETS &amp; MILLWORK, INC.</b>					
Principal Place of Business <b>3960 DOMESTIC AVE UNIT C NAPLES, FL 34104</b>			Mailing Address <b>3960 DOMESTIC AVE UNIT C NAPLES, FL 34104</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">37-1513760</div> <div style="float: right; text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>JOHNSON, STEVE A 3960 DOMESTIC AVE UNIT C NAPLES, FL 34104</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>JOHNSON, KELLY A 845 N WATERFORD DR #201 NAPLES, FL 34104</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>JOHNSON, JOSEPH L JR 306 MARIE LANE NAPLES, FL 34104</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JOHNSON, STEVE A 845 NEW WATERFORD DR #201 NAPLES, FL 34104</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE:			Date: <b>9/23/06</b> Daytime Phone: <b>239 825 3082</b>		

*XC 9/20*



## ATTACHMENT

H. Michael Magruder, CPA LLC

2770 South Horseshoe Drive, Suite #1

Naples, FL 34104-6147

Phone (239) 649-3272

Fax (239) 649-3273

www.mikemagruder.com

50026574

August 8, 2006

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Johnson's Custom Cabinets & Millwork, Inc.  
Doc#: P05000103630

Gentlemen,

The corporation was formed 07/26/05 and this was the first year of its existence.

We request any penalties be abated as the taxpayer did not receive prior notice regarding filing of its annual report. All future reports will be filed timely.

Thank you for your cooperation in the matter.

Sincerely,

 CP

H. Michael Magruder, CPA