## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P05000129182**

1. Entity Name

**OUTDOOR KITCHEN CABINETS & MORE, INC.** 



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1823 LAKEWOOD RANCH BLVD. Bradenton, Fl. 34211 1823 LAKEWOOD RANCH BLVD. BRADENTON, FL 34211



04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3505244 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

741-744-5000

4-30-07

6. Name and Address of Current Registered Agent

TRAUTWEILER, CLARK 1823 LAKEWOOD RANCH BLVD. BRADENTON, FL 34211

SIGNATURE

## DO NOT WRITE IN THIS SPACE

| 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 tritle if applicable, (NOTE: Registered Agent agenture required when renatating)  DATE  |   |      |       |                             |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |   |      | · - · | 5.00 May Be<br>dded to Fees |   |
| 10.  | OFFICERS AND DIREC  | TORS |       |                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>TRAUTWEILER, CLARK JR.<br>1823 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34211   |      |       |                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VS<br>TRAUTWEILER, LINDA S<br>1823 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34211    |      |       |                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VT<br>TRAUTWEILER, CLARK A SR<br>1823 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34211 |      |       | DO I                        | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |       | IN T                        | HIS SPACE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |      |       |                             | U00000756068<br>05/23/07-80015-022:150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |      |       |                             | U.S.E.S. 01 100013 U.E.E. 130°, UU        |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental proport 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 trugste 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. |   |      |       |                             |   |

UNDA TRAUTWEILEK