


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000016329 1. Entity Name PS CABINETS, GRANITE AND TILE INC.	
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FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 718 E. VENICE AVENUE VENICE, FL 34285 US	Mailing Address 718 E. VENICE AVENUE VENICE, FL 34285 US
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07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0136084	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEUKER TAX SERVICE INC 1931 TAMIAMI TRAIL SUITE 12 PORT CHARLOTTE, FL 33948	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P SORKE, PAUL II 718 E. VENICE AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HARGIS-SORKE, JEANINE 718 E. VENICE AVENUE VENICE, FL 34285
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U7/14/08-80012-024 150.00

DO NOT WRITE IN THIS SPACE

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: Paul Sorke II **PAUL SORKE II** 7/18/08 941-485-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #