

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P06000088594

1. Entity Name

PROLIFIC CABINETRY & MORE, INC.



**FILED  
Feb 12, 2007 8:00 am  
Secretary of State**

02-12-2007 90109 044 \*\*\*150.00



Principal Place of Business  
P.O. BOX 600902  
JACKSONVILLE FL 32260-0902

Mailing Address

P.O. BOX 600902  
JACKSONVILLE FL 32260-0902

2. Principal Place of Business - No P.O. Box #  
**4949 Sunbeam Rd**

3. Mailing Address

Suite, Apt. #, etc.

**Ste # 2**

Suite, Apt. #, etc.

City & State

**JAX, FL**

City & State

Zip

**32257**

Country

**USA**

Zip

Country

4. FEI Number

**20-5184645**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRUST, STEVEN E.  
50 N. LAURA ST., STE. 2600  
JACKSONVILLE FL 32202**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESIDENT</b> BRUST, LEEANN 812 PEPPERVINE AVE. JACKSONVILLE FL 32259	<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	<b>VICE PRESIDENT</b> <b>JACK BRUST</b> 812 Peppervine Ave JAX, FL 32259	<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
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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 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:** *LeeAnn Brust LeeAnn Brust* **2/1/07** **9044486575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #