

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000096964

FILED
Mar 22, 2007
Secretary of State

Entity Name: THE PALM BAY CABINET COMPANY, INC.

Current Principal Place of Business:

4306 ENTERPRISE AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4306 ENTERPRISE AVENUE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-5258150 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLAM, MAGEN E ESQ.
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GALLIGAN, WILLIAM
Address: 4930 12TH AVENUE SW
City-St-Zip: NAPLES, FL 34116

Title: VD () Delete
Name: GREYLING, GRANT K
Address: 2680 FOUNTAINVIEW CIRCLE UNIT 105
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: FIXX, BRETT M
Address: 1301 MELA LEUCA LANE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GALLIGAN, WILLIAM J
Address: 4930 TALLOWOOD WAY
City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J GALLIGAN

Electronic Signature of Signing Officer or Director

PSTD

03/22/2007

Date