

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90027 013 \*\*\*150.00

**DOCUMENT # P07000073178**

1. Entity Name  
**CARDINAL CUSTOM CABINETS, INC.**



Principal Place of Business  
**496 CROSSFIELD CIRCLE  
NAPLES, FL 34104**

Mailing Address  
**4001 SANTA BARBARA BLVD #121  
NAPLES, FL 34104**

**60023353**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04112008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**26-0393167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, MICHAEL S  
496 CROSSFIELD CIRCLE  
NAPLES, FL 34104**

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.

**MICHAEL S. WALLACE**

(NOTE: Registered Agent signature required when reinstating)

**4-10-08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WALLACE, MICHAEL S**  
STREET ADDRESS **496 CROSSFIELD CIRCLE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **T** ☒ Delete  
NAME **GRAHAM, JACKIE**  
STREET ADDRESS **22 CAPRI BLVD**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **VP** ☒ Delete  
NAME **ROBB, RYANN**  
STREET ADDRESS **496 CROSSFIELD CIRCLE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MICHAEL S. WALLACE 4-10-08 235-208-4212**