2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P08000084850

Entity Name: OLDE NAPLES CUSTOM CABINETS INC.

Current Principal Place of Business:

3910 DOMESTIC AVENUE
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

3910 DOMESTIC AVENUE
NAPLES, FL 34105

New Mailing Address:

FEI Number: 26-3370841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MICHAEL, PASCALE VSTD
3910 DOMESTIC AVENUE
NAPLES, FL 34104 US

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: MICHAEL PASCALE 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PASCALE, WILLIAM
Address: 3910 DOMESTIC AVENUE
City-St-Zip: NAPLES, FL 34105

Title: VSTD ( ) Delete
Name: PASCALE, MICHAEL
Address: 3910 DOMESTIC AVENUE
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete
Name: PASCALE, CHRISTOPHER
Address: 3910 DOMESTIC AVENUE
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete
Name: PASCALE, GREGORY
Address: 3910 DOMESTIC AVENUE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MICHAEL PASCALE VSTD 04/20/2009
Electronic Signature of Signing Officer or Director Date