

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000063871

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** CUSTOM CABINET REFACING OF NAPLES, INC.

**Current Principal Place of Business:**

2805 HORSESHOE DR S  
STE 2  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

2805 HORSESHOE DR S  
STE 2  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 45-2733754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEEKS, ROBERT H III  
2805 HORSESHOE DR S  
STE 2  
NAPLES, FL 34104 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: P,VP  
Name: WEEKS, ROBERT H III  
Address: 2805 HORSESHOE DR S STE 2  
City-St-Zip: NAPLES, FL 34104

Title: SEC  
Name: WEEKS, JUDITH J  
Address: 2805 HORSESHOE DR S STE 2  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: JUDITH WEEKS

SECR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date