

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000018454

1. Entity Name

SIGNATURE CABINETRY OF NAPLES, INC.



Principal Place of Business

**2169 TRADE CENTER WAY
NAPLES, FL 34109**

Mailing Address

**2169 TRADE CENTER WAY
NAPLES, FL 34109**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0399747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**FRAZIER, DAN L
2169 TRADE CENTER WAY
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**000000522028
05/03/06-80014-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRAZIER, DAN L
STREET ADDRESS	15620 CEDARWOOD LANE, #A202
CITY-ST-ZIP	NAPLES, FL
TITLE	STD
NAME	FRAZIER, BARBARA J
STREET ADDRESS	15620 CEDARWOOD LANE, #A202
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: B Frazier B FRAZIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 239-591-4882

Date

Daytime Phone #