

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 020 ***150.00

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0399747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, DAN L
2169 TRADE CENTER WAY
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **BARBARA FRAZIER**

Street Address (P.O. Box Number is Not Acceptable)

2169 TRADE CENTER WAY

City **NAPLES**

FL

Zip Code **34109**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

BARBARA FRAZIER

4-9-07

239-591-4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #