

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000010502 1. Entity Name BOB'S CABINETS INC.	
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Principal Place of Business 3525 BONITA BEACH RD STE 105 BONITA SPRINGS, FL 34134	Mailing Address 3525 BONITA BEACH RD STE 105 BONITA SPRINGS, FL 34134 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OKLAPEK, ROBERT A 3525 BONITA BEACH RD SUITE 105 BONITA SPRINGS, FL 34134	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000597121 01/24/07-80023-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS OKLAPEK, ROBERT 3525 BONITA BEACH RD #105 BONITA SPRINGS, FL 34134
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**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:  **ROBERT A. OKLAPEK** **1-15-07 706-754-2420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #