


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000014909 1. Entity Name CAPITAL CABINETS, INC.	
--	---

Principal Place of Business 6040 OLD DIXIE HIGHWAY VERO BEACH, FL 32967	Mailing Address 6040 OLD DIXIE HIGHWAY VERO BEACH, FL 32967
---	---

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0471947	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent ANDERSON, SUSAN R 6040 OLD DIXIE HIGHWAY VERO BEACH, FL 32967
--

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, SUSAN R 13815 101 STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, FREDRICK W 13815 101 STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, TAMMY 13815 101 STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, JESSICA 13815 101 STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000619747
02/09/07-80009-011 150.00

**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: Susan R. Anderson 2/2/2007 772-794-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #