2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000038611

1. Entity Name
ALBRECHT CABINETS, INC.

Principal Place of Business	Mailng Address
1350 GLOBAL COURT SARASOTA, FL 34240 US	1350 GLOBAL COURT SARASOTA, FL 34240 US

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0492655	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ALBRECHT, JEFFREY L
1350 GLOBAL COURT
SARASOTA, FL 34240

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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 _____   DATE 1/10/2007

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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

U000000587081
01/17/07-80019-003 150.00

10.	OFFICERS AND DIRECTORS			
TITLE	PTD			
NAME	ALBRECHT, JEFFREY L			
STREET ADDRESS	8914 BLOOMFIELD BLVD.			
CITY-ST-ZIP	SARASOTA, FL 34238			
TITLE	D			
NAME	ALBRECHT, DORIS			
STREET ADDRESS	4232 CENTER GATE LN			
CITY-ST-ZIP	SARASOTA, FL 34233			
TITLE	VS			
NAME	ALBRECHT, BEVERLY A			
STREET ADDRESS	8914 BLOOMFIELD BLVD.			
CITY-ST-ZIP	SARASOTA, FL 34238			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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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: _____   01/10/2007   941-377-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #