


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90074 048 ***150.00

DOCUMENT # P94000046576	
1. Entity Name CABINET CONNECTION OF THE TREASURE COAST, INC.	

Principal Place of Business 3475 S.W. PALM CITY SCHOOL AVE PALM CITY, FL 34990 US	Mailing Address 3475 S.W. PALM CITY SCHOOL AVE PALM CITY, FL 34990 US
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2. Principal Place of Business 740 NW Enterprise Rd	3. Mailing Address 740 NW Enterprise Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St Lucie, FL	City & State Port St Lucie, FL
Zip 34986	Country St. Lucie
Country St. Lucie	Zip 34986

6. Name and Address of Current Registered Agent GUTERL, GARY 557 SE SOUTHWOOD TRAIL STUART, FL 34997	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

Signature, typed or printed name of registered agent and title. (Typed name required when registering.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GUTERL, GARY 557 SE SOUTHWOOD TRAIL STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V BIANCO, KENNETH A 1396 WAVELAND AVE JENSEN BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 supplement to it 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: *[Signature]* *[Signature]* *4/10/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR