

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000550

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: ANTHONY'S CABINETS & WOODWORKS, INC.

## Current Principal Place of Business:

6554 44TH ST NO  
1008  
PINELLAS PARK, FL 33781 US

## New Principal Place of Business:

## Current Mailing Address:

5080 91ST AVE N  
PINELLAS PARK, FL 33782

## New Mailing Address:

FEI Number: 59-3284213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPENCER, JAMES D  
5821 MONROE ST  
NEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTORINA, ANTHONY  
Address: 5080 91ST AVE N  
City-St-Zip: PINELLAS PARK, FL 34666

Title: V ( ) Delete  
Name: LOPEZ, SAMUEL  
Address: 6554 44TH ST NO  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: V ( ) Delete  
Name: BODE, BRIAN  
Address: 6554 44TH ST NO  
City-St-Zip: PINELLAS PARK, FL 33781 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CASTORINA, ANTHONY  
Address: 5080 91ST AVE N  
City-St-Zip: PINELLAS PARK, FL 33782

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY CASTORINA

P

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date