

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State



DOCUMENT # P95000033934

1. Entity Name
BARAN'S CABINETS, INC.

Principal Place of Business
 201 FLOYD AVENUE
 LEHIGH ACRES, FL 33971

Mailing Address
 201 FLOYD AVENUE
 LEHIGH ACRES, FL 33971



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0584607** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BARAN, CHARLES A
 201 FLOYD AVENUE
 LEHIGH ACRES, FL 33971

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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's signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------------------|------------------|------------------------|
| PVTS | BARAN, CHARLES A | 201 FLOYD AVENUE | LEHIGH ACRES, FL 33971 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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 04/19/04-80006-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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: *Charles A Baran*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 239 368 0428
 Date Day, the File #