


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 050 ***158.75

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		
2. Principal Place of Business - No P.O. Box # 2243 Westwood Rd.		3. Mailing Address 2243 Westwood Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State N. Ft. Myers FL		City & State N. Ft. Myers FL		4. FEI Number 65-0584607	
Zip 33917		Country Lee		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARAN, CHARLES A 201 FLOYD AVENUE LEHIGH ACRES, FL 33971		7. Name and Address of New Registered Agent Name Baran, Charles A Street Address (P.O. Box Number is Not Acceptable) 2243 Westwood Rd. City N. Ft. Myers FL Zip Code 33917			
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: Charles A Baran (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	PVTs Baran, Charles A 2243 Westwood Rd N. Ft. Myers FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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 Charles A Baran 4/26/07 2395433729 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					