2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90099 040 ***150.00

DOCUMENT # P95000050143

1. Entity Name
OLDE WORLD CABINETRY, INC.

Principal Place of Business	Mailing Address
6483 ULMERTON RD LARGO, FL 33711 US	13629 65TH ST N LARGO, FL 33711 US

2006

04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6483 Ulmerton Rd	13629-65th St N
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Largo FL	City & State: Largo FL
Zip: 33771 Country	Zip: 33771 Country

4. FEI Number: 59-3324612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAAMSE, JOHN L 4401-39TH STREET SOUTH ST. PETERSBURG, FL 33711	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 if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #11		
TITLE	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRAAMSE, JOHN L		NAME		
STREET ADDRESS	4401-39TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33711		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRAAMSE, NANCY C		NAME		
STREET ADDRESS	4401-39TH STREET SOUTH		STREET ADDRESS		
CITY ST-ZIP	ST. PETERSBURG, FL 33711		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST-ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY ST-ZIP		

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: _____ 4/6/06 727-530-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #