


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000053898**  
 1. Entity Name  
**IMPERIAL CABINETS & MILLWORK, INC.**



Principal Place of Business      Mailing Address  
**640 WEST VALENCIA STREET**      **P.O. BOX 92105**  
**LAKELAND, FL 33805 US**      **LAKELAND, FL 33804 US**



04182006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0673346**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOODMAN, LEROY JR.**  
**640 WEST VALENCIA STREET**  
**LAKELAND, FL 33805**

**DO NOT WRITE IN THIS SPACE**

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 except the obligations of registered agent.

SIGNATURE: *Leroy Goodman Jr.*      DATE: **4-19-06**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOODMAN, LEROY JR. 640 WEST VALENCIA STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BOWICK, SYLVIA 640 WEST VALENCIA STREET LAKELAND, FL 33805
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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: *Leroy Goodman Jr.*      DATE: **4-19-06**      (863) 812-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Area Code) Phone #

6003