


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000009164 1. Entity Name COMPLETE CABINET CONCEPTS, INC.	
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Principal Place of Business 1876 LAKE AVENUE SE UNIT F & G LARGO, FL 33771 US	Mailing Address 1876 LAKE AVENUE SE UNIT F & G LARGO, FL 33771 US
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0636951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISICKLE, LISA W  
1876 LAKE AVENUE SE  
UNIT F & G  
LARGO, FL 33771-3799

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISICKLE, DAVID E 1344 STRATFORD DRIVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEISICKLE, LISA W 1344 STRATFORD DRIVE CLEARWATER, FL 33756
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05/04/04-80127-018 150.00

**DO NOT WRITE  
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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: David E. Weisickle, PRESIDENT 4/30/2004 727-585-3561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID E WEISICKLE