


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Feb 06
Sec**

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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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636951	Applied For <input type="checkbox"/> 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 _____ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	02/16/06-80024-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: DAVID WEISICKLE **PRESIDENT** 02/31/2006 727-585-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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SIGNATURE: KAREN D. SALOMON 2-3-06 386-7615733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #