


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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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**DO NOT WRITE
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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: Lisa Weisickle V. PRES. 01/28/2008 727-585-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwayne Proctor

LISA WEISICKLE