


2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-14-2006 90021 010 ***150.00
P96000031652

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 18 AM 8:12

DOCUMENT # P96000031652		
1. Entity Name CABINET SOLUTIONS, INC.		
Principal Place of Business 244 ELLIOTT ROAD MARY ESTHER, FL 32569 US	Mailing Address 244 ELLIOTT ROAD MARY ESTHER, FL 32569 US	



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3376626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent NORTON, WESLEY D 244 ELLIOTT ROAD MARY ESTHER, FL 32569

**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 renouncing) DATE

**FILE NOW!! FEE IS \$550.00
Due by September 6, 2006**

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	PD NORTON, WESLEY D 244 ELLIOTT ROAD MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NORTON, SUSANNE 244 ELLIOTT ROAD MARY ESTHER, FL 32569
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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: Susanne Norton Susanne Norton 7-11-06 850-243-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #