FILED
Mar 20, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000000335

1. Entity Name
DOUG'S CABINETS, INC.

Principal Place of Business	Mailing Address
8331 CONGRESS ST. PORT RICHEY, FL 34668	8331 CONGRESS ST. PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3422837 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

LUDWIG, DOUG C
8331 CONGRESS ST.
PORT RICHEY, FL 34668

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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 reinstating) DATE

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

U00000475435
04/05/06--00015--013 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUDWIG, DOUG C.
STREET ADDRESS	8209 PAPAYA ST
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	VP
NAME	LUDWIG, NADINE
STREET ADDRESS	8209 PAPAYA ST
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	S
NAME	LUDWIG, DOUG C.
STREET ADDRESS	8209 PAPAYA ST
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	T
NAME	LUDWIG, NADINE
STREET ADDRESS	8209 PAPAYA ST
CITY-ST-ZIP	PORT RICHEY, FL 34668
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: Doug C Ludwig 3-15-06 727-845-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #