


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000001240
1. Entity Name
MIKE SCHWAB CABINETS, INC.



Principal Place of Business Mailing Address
6301 SHIRLEY ST 6301 SHIRLEY ST.
STE 7 STE 7
NAPLES, FL 34109 US NAPLES, FL 33942 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0715375 Not Applicable

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

6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FT. MYE
13571 MCGREGOR BLVD., 2-2
FT. MYERS, FL 33919

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	SCHWAB, MICHAEL
STREET ADDRESS	230 29TH ST NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VP
NAME	SCHWAB, DONALD
STREET ADDRESS	711 1ST ST NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VP
NAME	SCHWAB, JAN
STREET ADDRESS	711 1ST ST NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VP
NAME	ELBE, AARON
STREET ADDRESS	330 10TH ST NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80059-020 150.00

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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)(f), 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: Janice L Schwab 3/16/04 239-594-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #