

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90230 040 ***150.00

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01082006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000001240					
1. Entity Name MIKE SCHWAB CABINETS, INC.					
Principal Place of Business 6301 SHIRLEY ST STE 7 NAPLES, FL 34109 US		Mailing Address 6301 SHIRLEY ST. STE 7 NAPLES, FL 33942 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0715375	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWAB, MICHAEL		NAME		
STREET ADDRESS	230 29TH ST NW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWAB, DONALD		NAME		
STREET ADDRESS	711 1ST ST NW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWAB, JAN		NAME		
STREET ADDRESS	711 1ST ST NW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELBE, AARON		NAME		
STREET ADDRESS	330 10TH ST NE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Janice L Schwab</i>		Janice L. Schwab		1/13/06 239-594-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	