2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90052 027 ***150.00

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1. Entity Name
JPT CABINET CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1108 5TH AVE. NORTH, SUITE 26 LAKE WORTH, FL 33460	4205 57TH AVENUE SOUTH APT C LAKE WORTH, FL 33463 US

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3599 23rd Ave. S	
Suite, Apt. #, etc. 6	Suite, Apt. #, etc.
City & State Lake Worth Florida	City & State
Zip 33461 Country USA	Zip Country

4. FEI Number 65-0748664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PURANEN, JORMA 1108 5TH AVE. NORTH, SUITE 26 LAKE WORTH, FL 33460	Name Puranen Jorma Street Address (P.O. Box Number is Not Acceptable) 3599 23rd Ave. South City Lake Worth FL Zip Code 33461

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]
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIRKKONEN, TIMO J 4205 57TH AVENUE S #C LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIRKKONEN, HELI 4205 57TH AVE. S. #C LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/1-05 561 357 8510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Timo Nirkkonen