


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000004489 1. Entity Name PROJECT CABINETRY OF FLORIDA, INC.	
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Principal Place of Business 9051 TAMiami TRAIL N, STE 102 NAPLES, FL 34108	Mailing Address 9051 TAMiami TRAIL N, STE 102 NAPLES, FL 34108
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0805914	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOPHEIDE, ANGELIKA 9051 TAMiami TRAIL N, STE 102 NAPLES, FL 34108

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000127368 04/26/04-90015-011 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS DOPHEIDE, ANGELIKA 9051 TAMiami TRAIL N-STE 102 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORA, JOHN H JR 9051 TAMiami TRAIL N - STE 102 NAPLES, FL 34108
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IN THIS SPACE**

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:  **JOHN H. GORA JR** **4/20/04** **239-594-2299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #