

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065031

Entity Name: MASTERCRAFT CABINETS, INC.

FILED
Feb 20, 2006
Secretary of State

Current Principal Place of Business:

353 N AIRPORT RD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

353 N AIRPORT RD
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3525518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WURSTLE, DAVIDA L
758 LYNNMORE LN
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WURSTLE, KURT
Address: 758 LYNNMORE LANE
City-St-Zip: NAPLES, FL 34108

Title: SEC () Delete
Name: WURSTLE, DAVAIDA SECRETA
Address: 758 LYNNMORE LANE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WURSTLE, KURT PRESIDE
Address: 758 LYNNMORE LANE
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVIDA L. WURSTLE

SEC

02/20/2006

Electronic Signature of Signing Officer or Director

Date