

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90047 046 \*\*\*158.75

**DOCUMENT # P98000107729**

1. Entity Name  
**WOODCRAFT CABINETS INC. OF SOUTHWEST  
FLORIDA**



Principal Place of Business  
**10481 PACKING HOUSE LANE  
BONITA SPRINGS, FL 33912**

Mailing Address  
**P.O. BOX 1244  
ESTERO, FL 33928**

**00060405**



2. Principal Place of Business

3. Mailing Address

**11516 Austin Keane Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Estero FL**

Zip

Country

Zip  
**33928**

Country

**USA**

08012005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0885119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROJAS, RAUL  
18497 MATANZAS RD  
FT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name **Rojas, Raul**

Street Address (P.O. Box Number is Not Acceptable)

**11516 Austin Keane Ct**

City

**Estero**

**FL**

Zip Code

**33928**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **ROJAS, RAUL**  
STREET ADDRESS **11516 AUSTIN KEANE CR**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Raul Rojas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-2-05**  
Date

**(239) 949-5330**  
Daytime Phone #