

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000021187

1. Entity Name

THE FINAL TOUCH KITCHEN CABINETS, INC.



Principal Place of Business

494 4TH PLACE SW
VERO BEACH, FL 32962

Mailing Address

494 4TH PLACE SW
VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0902261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARKS, DAVID
494 4TH PLACE SW
VERO BEACH, FL 32962

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
SPARKS, DANIEL
494 4TH PLACE SW
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SPARKS, MICHAEL
494 4TH PL SW
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SPARKS, JAMES
494 4TH PLACE SW
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SPARKS, THOMAS
494 4TH PLACE SW
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SPARKS, DAVID
494 4TH PL. S.W.
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000509298
04/28/06-80038-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

David Sparks DAVID SPARKS

4/2/06 772-778-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #