

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000029114

1. Entity Name  
COMMERCIAL CABINET SERVICE, INC.



**FILED**

**Jan 24, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
6400 31ST AVENUE, N.  
ST. PETERSBURG FL 33710

Mailing Address  
6400 31ST AVENUE, N.  
ST. PETERSBURG FL 33710

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc

City & State City & State

Zip Country

Zip Country

4. FEI Number 59-3576218 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GREEN, DALE W  
6400 31ST AVENUE, N.  
ST. PETERSBURG FL 33710

Name

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

City

FL Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

| 10. OFFICERS AND DIRECTORS              |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                    |   |
|---|--|---------------------------------|---|------------------------------------|---|
| NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | PSTD<br>GREEN, DALE W<br>6400 31ST AVENUE, N.<br>ST. PETERSBURG FL 33710 | <input type="checkbox"/> Delete | NAME<br>STREET ADDRESS<br>CITY, ST, ZIP               | U00000600885<br>01/26/07-30027-020 | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>150.00 |
| NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |  | <input type="checkbox"/> Delete | NAME<br>STREET ADDRESS<br>CITY, ST, ZIP               |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |  | <input type="checkbox"/> Delete | NAME<br>STREET ADDRESS<br>CITY, ST, ZIP               |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |  | <input type="checkbox"/> Delete | NAME<br>STREET ADDRESS<br>CITY, ST, ZIP               |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |  | <input type="checkbox"/> Delete | NAME<br>STREET ADDRESS<br>CITY, ST, ZIP               |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |  | <input type="checkbox"/> Delete | NAME<br>STREET ADDRESS<br>CITY, ST, ZIP               |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dale W. Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 717-798-1197

Daytime Phone #