Jun-20-06 06:17P

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State
07-24-2006 90002 006 ***150.00

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1. Entity Name
J.R.C. CABINETS, INC.

Principal Place of Business	Mailing Address
110 LANDWARD DR JUPITER, FL 33477	110 LANDWARD DR JUPITER, FL 33477

06202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10688 N. SKYLARK	SAME
Suite, Apt. #, etc. TERR.	Suite, Apt. #, etc.
City & State CITRUS SPRINGS	City & State
Zip 34434 Country	Zip Citrus Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALAS, RICHARD 12299 158TH CT.,N. JUPITER, FL 33478	Name: RICHARD BALAS Street Address (P.O. Box Number is Not Acceptable): 17687 BRIDLE CT. City: JUPITER FL Zip Code: 33478

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: R.A. Balas 6/20/06
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 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAGUIRE, FRANK 1167 SUMMERWOOD CIRCLE WEST PALM BEACH, FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES MAGUIRE, FRANK 10688 N. SKYLARK TERR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CITRUS SPRINGS, FL 34434 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Frank Maguire 6/20/06 352-489-8537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #