Apr-30-07 05:41P

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90097 003 ***150.00

DOCUMENT # P99000054182

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

Principal Place of Business
10688 N. SKYLARK TERR.
CITRUS SPRINGS, FL 34434

Mailing Address
110 LANDWARD DR
JUPITER, FL 33477

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
7320 N. TRANQUIL
Suite, Apt. #, etc. DRIVE
City & State CITRUS SPRINGS, FL
Zip 34434 Country USA

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip 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
BALAS, RICHARD
17687 BRIDE CT.
JUPITER, FL 33478

7. Name and Address of New Registered Agent
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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MAGUIRE, FRANK		NAME		
STREET ADDRESS	10688 N. SKYLARK TERR		STREET ADDRESS	7320 N. TRANQUIL DR.	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP	CITRUS SPRING, FL 38434	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 FRANK MAGUIRE PRES 5/1/07 352-489-853?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #