




2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 28 PM 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000070233			
1. Entity Name MARCO CABINETS, INC.			
Principal Place of Business 994 N. BARFIELD DR. #38 MARCO ISLAND, FL 34145		Mailing Address 152 LELAND WAY MARCO ISLAND, FL 32145	
2. Principal Place of Business		3. Mailing Address 994 N. BARFIELD DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #38	
City & State		City & State MARCO ISLAND FL	
Zip		Zip 34145	
Country		Country USA	
4. FEI Number 59-3582029		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANDERON, THOMAS 668 106TH AVE. N NAPLES, FL 34108		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		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 		DATE	
FILE NOW!!! FEE IS \$300.00		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	D PIPITONE, CHARLES A 152 LELAND WAY. MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 994 N. BARFIELD DR. # 38 MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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 for approval.			
SIGNATURE: 		DATE: 2/23/05	



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