


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P99000070542 |  |
| 1. Entity Name IDEAL CABINETRY AND COMPONENTS, INC. | |

| | |
|---|---|
| Principal Place of Business 5610 GEORGIA AVE. WEST PALM BEACH, FL 33405 | Mailing Address 5610 GEORGIA AVE. WEST PALM BEACH, FL 33405 |
|---|---|

DO NOT WRITE IN THIS SPACE



05052007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0943136 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|-------------------------------|
| 6. Name and Address of Current Registered Agent COOPER, RONALD 733 COLONIAL ROAD WEST PALM BEACH, FL 33405 | 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 <u>Ronald R. Cooper</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE <u>4-27-07</u> |

| | | |
|--|--|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COOPER, RONALD 733 COLONIAL ROAD WEST PALM BEACH, FL 33405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COOPER, LINDA K 733 COLONIAL ROAD WEST PALM BEACH, FL 33405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000762772
05/29/07-80024-001 158.75

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 info empowered. | |
| SIGNATURE: <u>Ronald R. Cooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR</small> | Date <u>4-27-07</u> Daytime Phone # <u>561-219-3364</u> |