


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**1/ Feb 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90033 016 \*\*\*150.00

<b>DOCUMENT # P99000110837</b> 1. Entity Name <b>SARASOTA CABINETRY, INC.</b>	
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<b>Principal Place of Business</b> 3080 NORTH WASHINGTON BLVD., 17-N SARASOTA, FL 34234	<b>Mailing Address</b> 3080 NORTH WASHINGTON BLVD., 17-N SARASOTA, FL 34234
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**DO NOT WRITE IN THIS SPACE**

**66001951**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0991705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MILLER, DONALD J PRES.  
2304 22ND AVENUE WEST  
BRADENTON, FL 34205

**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  DATE 1-16-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, DONALD J PRES. 2304 22ND AVENUE WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, GARY D VICE P. 510 70TH STREET HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE 1-16-07 DAYTIME PHONE # 941-351-5358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR