

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V11347

1. Entity Name  
BWB CABINET WORKS, INC.



**FILED  
Apr 25, 2005 8:00 am  
Secretary of State**

04-25-2005 90240 022 \*\*\*150.00

Principal Place of Business

1002 MANATEE AVENUE EAST  
BRADENTON, FL 34208

Mailing Address

1002 MANATEE AVENUE EAST  
BRADENTON, FL 34208

2. Principal Place of Business

1002 MANATEE AVE E.  
Suite, Apt. #, etc.  
BRADENTON FL 34208

3. Mailing Address

8104 CORTEZ RD

Suite, Apt. #, etc.

City & State  
BRADENTON FL 34208

City & State  
BRADENTON FL

Zip

34208

Country  
MANATEE

Zip  
34210

Country  
MANATEE



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0313532	Applied For
	Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAGER, BENNY W.  
4404 4TH AVENUE E.  
BRADENTON, FL 34208

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
BAGER, BENNY W.  
4404 4TH AVENUE E.  
BRADENTON, FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
BAGER, LILLIAN  
4404 4TH AVENUE E.  
BRADENTON, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lillian Bager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 941-749-0325

Date

Daytime Phone #