

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000101071

**Entity Name:** PS CABINET WORKS INC.

**Current Principal Place of Business:**

551 WESTGATE BLVD  
101  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

551 WESTGATE BLVD  
101  
LEHIGH ACRES, FL 33971

**FEI Number:** 20-0229271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAKITIS, PATRICK  
551 WESTGATE BLVD  
101  
LEHIGH ACRES, FL 33971 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title P  
Name SAKITIS, PATRICK MSR  
Address 217 JEFFERSON AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title T  
Name SAKITIS, PATRICK MSR  
Address 217 JEFFERSON AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title V  
Name SAKITIS, PATRICK MJR  
Address 217 JEFFERSON AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title D  
Name SAKITIS, JAMES  
Address 217 JEFFERSON AVE  
City-State-Zip: LEHIGH ACRES FL 33972

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK M SAKITIS SR

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date