

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000101071

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

**Current Principal Place of Business:**

5613 8TH STREET WEST  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

5613 8TH STREET WEST  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 20-0229271

**Certificate of Status Desired:** No

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

SAKITIS, PATRICK  
5613 8TH ST W  
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 M SR.  
Address 217 JEFFERSON AVE  
City-State-Zip: LEHIGH ACRES FL 33936

Title VP  
Name SAKITIS, PATRICK M JR.  
Address 169 PRESTON ST  
City-State-Zip: LEHIGH ACRES FL 33974

Title TREASURER  
Name SAKITIS, JAMES M  
Address 1458 SCENIC ST  
City-State-Zip: LEHIGH ACRES FL 33936

Title SECRETARY  
Name SAKITIS, RACHEL M  
Address 217 JEFFERSON AVE  
City-State-Zip: LEHIGH ACRES FL 33936

*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**

**01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date