


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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| DOCUMENT # H88674 <small>1. Entity Name</small> THE CABINET CORNER, INC. |  |
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| Principal Place of Business 426 WEST BAY DRIVE LARGO, FL 33770 | Mailing Address 426 WEST BAY DRIVE LARGO, FL 34640 |
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03052007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2638801 | Applied For Not Applicable |
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TEREPKA, ROY
 426 WEST BAY DRIVE
 LARGO, FL 33770

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000658320 03/15/07-80033-023 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TEREPKA, EDWARD 426 W. BAY DRIVE LARGO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD TEREPKA, JANICE 426 W BAY DR LARGO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD TEREPKA, ROY 426 W. BAY DRIVE LARGO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 like empowered.

SIGNATURE: *Janice Terepka* - Janice Terepka 03-05-2007 (727)585-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #