

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013089

FILED  
Jun 09, 2006  
Secretary of State

Entity Name: CABINET DESIGN OF NWFL, INC.

## Current Principal Place of Business:

9106 EAGLE NEST DRIVE  
NAVARRE, FL 32566

## New Principal Place of Business:

1610 ROCK HILL RD  
DEFUNIAK SPRINGS, FL 32435 US

## Current Mailing Address:

9106 EAGLE NEST DRIVE  
NAVARRE, FL 32566

## New Mailing Address:

1610 ROCK HILL RD  
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 76-0747499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKMAN, JAMES A  
200 GOVERNMENT STREET SUITE 1  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AGOSTO, LUIS O  
Address: 9106 EAGLE NEST DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AGOSTO, LUIS O  
Address: 1610 ROCK HILL RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: SEC ( ) Change (X) Addition  
Name: AGOSTO, REBECCA  
Address: 1610 ROCK HILL RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS AGOSTO

PRES

06/09/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date