2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 333666

1. Entity Name
TAMPA WHOLESALE FURNITURE CO

Principal Place of Business	Mailing Address
1300 E 7TH AVE TAMPA, FL 33605-3608	1300 E 7TH AVE TAMPA, FL 33605-3608

DO NOT WRITE IN THIS SPACE

05272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1287733
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CADRECHA, ROBERT N
1300 EAST SEVENTH AVE
TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

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 reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

☑ Did not receive Annual report form

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CADRECHA, ROBERT N
STREET ADDRESS	4414 NEPTUNE
CITY-ST-ZIP	TAMPA, FL
TITLE	SVD
NAME	CADRECHA, C W
STREET ADDRESS	1300 E. SEVENTH AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/07/04-80005-020 150.00

DO NOT WRITE IN THIS SPACE

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: _____ Robert N CADRECHA, PRES 5-27-04 813/248-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #