

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98356**

1. Entity Name  
**R.T.G. FURNITURE CORP.**



Principal Place of Business  
**11540 HWY 92 E  
SEFFNER, FL 33584 US**

Mailing Address  
**11540 HWY 92 E  
SEFFNER, FL 33584 US**



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3029388**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BEYER, DAVID A.  
% PIPER MARBURY RUDNICK & WOLFE, LLP  
101 E KENNEDY BLVD. SUITE 2000  
TAMPA, FL 33602**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**U000000076401  
03/04/04-80026-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DVST
NAME	LEWIS STEIN
STREET ADDRESS	11540 HWY 92 E
CITY - ST - ZIP	SEFFNER, FL 33584
TITLE	P
NAME	BUCKLEY, STEVE
STREET ADDRESS	11540 US HWY 92 EAST
CITY - ST - ZIP	SEFFNER, FL 33584
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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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)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lewis Stein**

**2-25-04**

Date

**(813) 623-5400**

Daytime Phone #