

Apr 13 07 05:47p

Eva Hoertz Wendorf

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90012 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000037894	
1. Entity Name HAROLD'S CUSTOM FURNITURE, INC.	

Principal Place of Business 1951 N.W. 141 ST #36 OPALOCKA, FL 33054	Mailing Address 13500 NE 3RD COURT #408 NORTH MIAMI, FL 33161
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40079121



04132007 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUNKLEY, HAROLD L
13500 N.E. 3RD COURT, #408
NORTH MIAMI, FL 33161**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DUNKLEY, HAROLD 2441 SW 84TH TERR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DUNKLEY HAROLD 13500 NE 3CT. #408 N. MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, who all other I am empowered.

SIGNATURE:  _____ **14-04-07** (954-593-4170) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #