

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-03-2005 90073 026 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000084656

1. Entity Name
ABSOLUTE CANVAS & UPHOLSTERY INC.

Principal Place of Business
4522 121ST ST.
CORTEZ, FL 34215

Mailing Address
P.O. BOX 653
CORTEZ, FL 34215

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
02-0726788

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

6. Name and Address of Current Registered Agent
**DMIECINSKI, JOHN
12203 45TH AVE. DR. W.
CORTEZ, FL 34215**

7. Name and Address of New Registered Agent
Name
DMIECINSKI, JOHN
Street Address (P.O. Box Number is Not Acceptable)
12111 Cortez Rd. W.
City
Cortez FL **34215**

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 I accept the obligations of registered agent.

SIGNATURE _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DMIECINSKI, JOHN 12203 45TH AVE. DR. W. CORTEZ, FL 34215	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DMIECINSKI, JOHN 12111 Cortez Rd. W. CORTEZ FL 34215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JC H. V. BURKE, CPA, P.A. 214-54TH STREET JAMES BEACH, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information reported on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made in person; that I am an officer or director of the corporation 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 fees empowered.

SIGNATURE: *John Dmiecinski* DATE: **05-28-05** **9417618548**

66022397



04212005 Chg-P CR2E004 (10/03)

4. FEI Number 02-0726788 (Accepted For Not Applicable)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

CLIENT COPY
RETAIN FOR RECORDS
H. V. BURKE, CPA, P.A.
214-54TH STREET
JAMES BEACH, FL 34217