2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# P04000087091

Entity Name: CENTRAL FLORIDA FURNITURE, INC.

Current Principal Place of Business:

2640-A MICHIGAN AVENUE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450082
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 55-0870829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOENEWALD, ROBERT
401 GEORGIA AVENUE
SAINT CLOUD, FL 34769 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHOENEWALD, ROBERT
Address: 401 GEORGIA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP ( ) Delete
Name: SCHOENEWALD, SHAREL
Address: 401 GEORGIA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: TR ( ) Delete
Name: SCHOENEWALD, SHAREL
Address: 401 GEORGIA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHOENEWALD, SHAREL
Address: 401 GEORGIA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP (X) Change ( ) Addition
Name: SCHOENEWALD, ROBERT
Address: 401 GEORGIA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAREL SCHOENEWALD TR 03/31/2005

Electronic Signature of Signing Officer or Director Date