

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 192881 1. Entity Name KANE FURNITURE CORPORATION	
---	---

Principal Place of Business 5700 70TH AVE. NO PINELLAS PARK, FL 34665-4238	Mailing Address 5700 70TH AVE. NO PINELLAS PARK, FL 34665-4238
--	--



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0791370	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOVACK, IRWIN M 5700 70TH AVE N PINELLAS PARK, FL 33781	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	0000000013248 01/26/04-80046-003 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMBOLDT, JAMES 5700 70TH AVE N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANE, CAROL 5700 70TH AVE N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVACK, IRWIN M 5700 70TH AVE NORTH PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROTHMAN, THELMA P 5700 70TH AVE NORTH PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, MARTIN 4950 WEST KENNEDY BLVD., #101 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLE, MURRAY 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781

**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)(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	1/7/04 727-345-9555 Date Daytime Phone #
--	--