


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 285222 1. Entity Name FURNITURE WHOLESALERS, INC.		
Principal Place of Business 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 US	Mailing Address 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 US	



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1110097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEUSCHLE, JAY
1100 NE 45TH STREET
FT. LAUDERDALE, FL 33334

**DO NOT WRITE
IN THIS SPACE**

B. 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 reappointing)

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

000000096840
03/26/04-80014-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DEUSCHLE, JULIE
STREET ADDRESS	1100 NE 45TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334

TITLE	PD
NAME	DEUSCHLE, JAY B.
STREET ADDRESS	1100 NE 45TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334

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 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

Date

Daytime Phone #