

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 27, 2006 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



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1110097 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000402557
02/03/06-80012-025 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: J. B. Deuschle 1/27/06 954-771-7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #