


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 345465	
1. Entity Name CONTRACT FURNITURE, FABRIC & ART, INC.	

Principal Place of Business 5111 OCEAN BOULEVARD SUITE C SARASOTA, FL 34242 US	Mailing Address 5111 OCEAN BOULEVARD SUITE C SARASOTA, FL 34242 US
--	--



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1360606	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SILVERSTEIN, BARRY 5111C OCEAN BLVD. SARASOTA, FL 34242

**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, 2006 Fee will be \$550.00**

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

000000479907
04/10/06-60023-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO SILVERSTEIN, TRUDY 5111 OCEAN BLVD SARASOTA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHIAVO, MARJORY 5111 OCEAN BLVD SARASOTA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERSTEIN, BARRY 5111 OCEAN BLVD SARASOTA, FL 00000.
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: *Marjory Schiavo* **MARJORY SCHIAVO** **3/3/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #