

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90035 041 ***150.00

DOCUMENT # 392758

1. Entity Name

SCOTT BOWER CASUAL FURNITURE, INC.



Principal Place of Business

4228 S.W. 75TH AVE
MIAMI FL 33155

Mailing Address

31020 SW 193RD AVENUE
HOMESTEAD FL 33030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4228 SW 75th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami A

Zip

Country

Zip

Country

33155

4. FEI Number

59-1398777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWER, SCOTT
31020 S.W. 193RD AVE
HOMESTEAD FL 33030

Name

Scott Bower

Street Address (P.O. Box Number is Not Acceptable)

103650 Overseas Hwy #55

City

Key Largo

FL

Zip Code

33030

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]

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Delete
NAME	BOWER, M. SCOTT	
STREET ADDRESS	31020 SW 193RD AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	BOWER, M. SCOTT	
STREET ADDRESS	31020 S.W. 193RD AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #