

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 001 ***150.00

DOCUMENT # 448666

1. Entity Name
BEACH & PATIO FURNITURE REFINISHING, INC.



Principal Place of Business
921 MW 8TH AVE
FT. LAUDERDALE, FL 33311

Mailing Address
921 MW 8TH AVE
FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2542880

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, RAYMOND
1050 CEDAR CREEK WAY
DAVIE, FL 33325

**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**

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: SWEET JR, RAYMOND
STREET ADDRESS: 1050 CEDAR CREEK WAY
CITY-ST-ZIP: DAVIE, FL

TITLE: D
NAME: SWEET III, RAYMOND
STREET ADDRESS: 274 NW 134 RD
CITY-ST-ZIP: FT. LAUDERDALE, FL

TITLE: D
NAME: SWEET, KAREN
STREET ADDRESS: 1050 CEDAR CREEK WAY
CITY-ST-ZIP: DAVIE, FL

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 exemption stated in Section 119.07(3)(i), 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 #