

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 050 ***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

40007579



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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, 2005 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

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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

1/27/04
Date

Daytime Phone #