


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 013 ***150.00

DOCUMENT # F0000006084

1. Entity Name
EPIC FURNITURE GROUP, INC.



Principal Place of Business 6301 N.W. 5TH WAY, SUITE 3600 FORT LAUDERDALE, FL 33309	Mailing Address 9387 DIELMAN IND DR SAINT LOUIS, MO 63132
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1017719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, R. CRAIG 6301 N.W. 5TH WAY, SUITE 3600 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACKER, LEONARD J 6301 N.W. 5TH WAY, SUITE 3600 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICE, ROBERT L 6301 N.W. 5TH WAY, SUITE 3600 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, FRANKLIN A 9387 DIELMAN INDUSTRIAL DRIVE ST. LOUIS, MO 63132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, DAVID L 9387 DIELMAN INDUSTRIAL DRIVE ST. LOUIS, MO 63132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRELLER, MICHAEL J DELETE 9387 DIELMAN INDUSTRIAL DRIVE ST. LOUIS, MO 63132

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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:  **Leah Bennett, Asst. Controller** 3/4/04 314-991-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #