

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F12961**

1. Entity Name  
**CURTIS BROS. FURNITURE, INC.**



Principal Place of Business  
**2088 12TH STREET  
SARASOTA, FL 34237-2702**

Mailing Address  
**2088 12TH STREET  
SARASOTA, FL 34237-2702**

**DO NOT WRITE IN THIS SPACE**



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2055628**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SOBR, FREDERICK  
2088 12TH STREET  
SARASOTA, FL 33577**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000168873  
08/02/04-80001-004 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	SOBR, MICHAEL J
STREET ADDRESS	1088 - 12TH ST.
CITY - ST - ZIP	SARASOTA, FL 00000,
TITLE	D
NAME	SOBR, KATHLEEN
STREET ADDRESS	2088 - 12TH ST.
CITY - ST - ZIP	SARASOTA, FL 00000,
TITLE	D
NAME	SOBR, FRED
STREET ADDRESS	2088 12TH ST
CITY - ST - ZIP	SARASOTA, FL
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)(f), 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:** *Michael J. Sobr* **Michael J. SOBR** **7-30-04** **941-366-9766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #