

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90731 020 ***150.00

DOCUMENT # F43025

1. Entity Name

**VIENNA CUSTOM BUILT UPHOLSTERY AND SUPPLY,
INC.**



Principal Place of Business

Mailing Address

**C/O RUTH M. GODYN
81 4TH AVE NORTH APT 67
ST. PETERSBURG FL 33701**

**C/O RUTH M. GODYN
841 4TH AVE NORTH APT 67
ST. PETERSBURG FL 33701**

2. Principal Place of Business

841 4th. Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 67

City & State

St. Petersburg, FL

City & State

Zip

33701

Country

Pinellas

Zip

Country

4. FEI Number

59-2141501

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

**GODYN, RUTH M
841 4TH AVE NORTH
APT 67
ST. PETERSBURG FL 33701**

Name

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

City

FL

Zip Code

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

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

TITLE **PVS** ☐ Delete
NAME **GODYN, RUTH M**
STREET ADDRESS **841 4TH AVE N. APT67**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **DT** ☐ Delete
NAME **GODYN, RUTH M**
STREET ADDRESS **841 4TH AVE. N. APT. 67**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Ruth M. Godyn
Ruth M. Godyn, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

(727) 776-2334

Daytime Phone #