

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H94511

FILED
Apr 21, 2005
Secretary of State

Entity Name: CAPRIS FURNITURE INDUSTRIES, INC.

Current Principal Place of Business:

1401 NW 27TH AVE.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

1401 NW 27TH AVE.
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-2694517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERIAN, PEDRO R.
1401 NW 27TH AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

INTERIAN, PEDRO R.
1401 NW 27TH AVENUE
OCALA, FL 34475 US

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.

SIGNATURE: PEDRO R INTERIAN

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: INTERIAN, PEDRO R
Address: 355 NW MAGNOLIA CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP () Delete
Name: BEAUDET, DONALD R
Address: 5581 S MARATHAN TERRACE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R BEAUDET

VP

04/21/2005

Electronic Signature of Signing Officer or Director

Date