
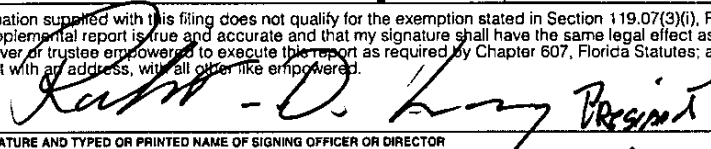


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90193 046 ***150.00

DOCUMENT # J70601			
1. Entity Name CONTINENTAL FURNISHINGS, INC.			
Principal Place of Business 4400 EAST TAMiami TRL STE 14 NAPLES, FL 34112 US		Mailing Address 4400 EAST TAMiami TRL STE 14 NAPLES, FL 34112 US	
2. Principal Place of Business 225 EGRET AVE Suite, Apt. #, etc.		3. Mailing Address 225 EGRET AVE Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34108-263		Zip 34108-263	
Country USA		Country USA	
4. FEI Number 65-0027257		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANG, ROBERT D. 4400 EAST TAMiami TR STE 14 NAPLES, FL 34112		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 225 EGRET AVE City NAPLES FL Zip Code 34108-263	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANG, ROBERT D. 4400 EAST TAMiami TRL STE 14 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 EGRET AVE NAPLES FL 34108-263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LOPEZ, JORGE M. 4400 EAST TAMiami TRL STE 14 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 64th ST SW NAPLES FL 34105-7333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 04-27-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	