

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90790

Entity Name: FURNITURE CLASSICS, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

999 DOUGLAS AVE
STE 2221
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

999 DOUGLAS AVE
STE 2221
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2847702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, ROBERT W
1325 WEST COLONIAL DRIVE
ORLANDO, FL 32804

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: KNUDSEN, KNUD P.,
Address: 460 WEBSTER AVE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: PHILLIPPS, JENNIFER
Address: 1288 GLENCREST DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: PHILLIPPS, JENNIFER
Address: 1574 WESTOVER LOOP
City-St-Zip: HEATHROW, FL 32746

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: JENNIFER PHILLIPPS

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date