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FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90004 026 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

54060215

DOCUMENT # K28728			
1. Entity Name R & S FURNITURE CORP., INC.			
Principal Place of Business 12110 US HWY 19 HUDSON, FL 34667 US		Mailing Address 12110 US HWY 19 HUDSON, FL 34667 US	
2. Principal Place of Business 12225 U.S. HWY. 19 NORTH		3. Mailing Address 12225 U.S. HWY. 19 NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BAYONET POINT, FL		City & State BAYONET POINT, FL	
Zip 34667	Country	Zip 34667	Country
4. FEI Number 59-2901873		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 BABITT, SANDRA 12110 US HWY 19 HUDSON, FL 34667-3706		7. Name and Address of New Registered Agent Name BABITT, SANDRA Street Address (P.O. Box Number is Not Acceptable) 12225 U.S. HWY. 19 NORTH City BAYONET POINT FL Zip Code 34667	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00. Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP BABITT, RAY R. 5010 CAMBERLEY LANE OLDSMAR, FL <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	DST BABITT, SANDRA 5010 CAMBERLEY LANE OLDSMAR, FL <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	DP BABITT, RICHARD 4550 BAY BLVD PORT RICHEY, FL <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
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: <u>Sandra Babitt</u>		SIGNATURE: <u>SANDRA BABITT</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>7/2/04</u> Daytime Phone <u>(727) 862-3943</u>	

54060215-

R & S Furniture Corp., Inc.
12225 U.S. Highway 19 North
Bayonet Point, Florida 34667

July 2, 2004

Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Document #K28728

Dear Sir or Madam:

I was shocked to receive your notice advising that my corporation would be dissolved if I did not pay an increased filing fee of \$550.00. Please be advised I do not recall receiving the original notification regarding the filing of the 2004 Annual Report.

I have dealt with some serious health issues since the beginning of the year and have been in and out of the hospital. Needless to say, I could not be focused on running my business.

I respectfully request that you please accept my enclosed check for \$150.00 and process the 2004 Annual Report. I apologize for this oversight, but I feel that circumstances were beyond my control.

Your understanding would be greatly appreciated.

Sincerely,

Sandra Babitt D.O.

Sandra Babitt,
Secretary

Enclosures