

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90041 046 ***150.00

DOCUMENT # K60903

1. Entity Name
GOUSE'S FINE FURNITURE, INC.



Principal Place of Business
C/O WARREN T. GOUSE
24081 US 41
BONITA SPRINGS, FL 34134

Mailing Address
24081 U. S. 41
BONITA SPRINGS, FL 33923 US

40012405



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0110767

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GOUSE, WARREN T
8075 LAGOON RD.
BONITA SPRINGS, FL 34134

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/T ☐ Delete
NAME GOUSE, WARREN T.
STREET ADDRESS 8075 LAGOON RD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE VP/S ☐ Delete
NAME GOUSE, MARIAN T.
STREET ADDRESS 161 ESTRELLITA DRIVE
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE VP ☐ Delete
NAME YOUNG, JEFFREY
STREET ADDRESS 8075 LAGOON RD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Warren T. Gouse Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/05 *947-6008*
Date Daytime Phone #

WARREN T. GOUSE Pres