


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 027 ***150.00

DOCUMENT # K79292
 1. Entity Name
 J & R UPHOLSTERING, INC.



Principal Place of Business
 4021 W. ALVA ST
 TAMPA, FL 33614 US

Mailing Address
 JUDY R TRIGGIANO
 12720 GREENMOOR DR
 TAMPOA, FL 33618 US

40057448



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 13610 EVELANE DR
 Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State
 HUDSON FL

Zip Country
 34667-1519 US

4. FEI Number
 59-2944956

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TRIGGIANO, JUDY R
 12720 GREENMOOR DR
 TAMPA, FL 33618

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 13610 EVELANE DR
 City HUDSON 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	P TRIGGIANO, JUDY 12720 GRIENMOOR DR TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13610 EVELANE DR HUDSON, FL 34667-1519
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Judy R Triggiano JUDY TRIGGIANO 4-21-06 813-874-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #