## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 28, 2008 8:00 am Secretary of State

813-874-3510

4-25-08

DOCUMENT # K79292  1. Entity Name J & R UPHOLSTERING, INC.					04-28-2008 90398 025 ***150.00				
Principal Plac	e of Business	Mailing Address							
	-	<del>-</del>							
4021 W. ALV		JUDY R TRIGGIANO 13610 EVELANE DR				,			
TAMPA, FL 3	33614 US	HUDSON, FL 34667-1519 US							
TUDSON, FL 340			-1313 03		LINGUIS EN	18618 18118 KRIB IBIIB (186	11011 CLG11 CTG11	818N 618A 6481	TC: 11 10.01
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numbe 59-294				plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current F		Registered Agent	1		7. Name and	Address of New R			
	- Traine and - were or out forth			Name			- Greenway M		
TRICCIAN	IO JUDY R								
TRIGGIANO, JUDY R 13610 EVELANE DR				Street Address (P.O. Box Number is Not Acceptable)					
HUDSON,									
11000011,	12 0,007								
								T	
				City			FL	Zip Code	<del>)</del>
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 NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	IN 11
TITLE	Р	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	TRIGGIANO, JUDY		NAM	E					
STREET ADDRESS	13610 EVELANE DR		STRE	ET ADDRESS					
CITY-ST-ZIP	HUDSON, FL 346671519		CITY	-ST-ZIP					
TITLE	7 8	☐ Delete	TITLE					Change	Addition
NAME			NAM	1					
STREET ADDRESS	w			ET ADDRESS					
CITY-ST-ZIP	1		CITY	-ST-ZIP					
TITLE	·	☐ Delete	TITLE	:				☐ Change	☐ Addition
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CITY-ST-ZIP			CITY	- ST - ZIP					
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CITY-ST-ZIP			CITY	-ST-ZIP					
	<u> </u>							Channa .	Addition
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS - ST-ZIP					
CITY-ST-ZIP			CITY	-51-LIF					
TITLE		☐ Delete	TITLE	!				☐ Change	Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									