

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

02-08-2008 90038 029 ***150.00

DOCUMENT # K98398 1. Entity Name TONY'S FIVE STAR FURNITURE, REFINISHING & REPAIR, INC.					
Principal Place of Business 1660 CYPRESS DR P.O. BOX 3583 TEQUESTA FL 33469			Mailing Address 1660 CYPRESS DR P.O. BOX 3583 TEQUESTA FL 33469		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0149692	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PANDOLFO, ANTONIO 12 E CONCOURSE DR JUPITER FL 33469			7. Name and Address of New Registered Agent 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 <u>Antonio G Pandolfo</u> Feb. 1-08 Signature, Typed or Printed Name of Registered Agent and Fee Application. (NOTE: Registered Agent minimum required when filing on or after May 1, 2008)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD PANDOLFO, ANTONIO 1660 CYPRESS DR JUPITER FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Antonio Pandolfo</u> ANTONIO-PANDOLFO President. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					