


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L37058			
1. Entity Name ALLEN BOONE'S UPHOLSTERY, INC.			
Principal Place of Business ALLEN BOONE'S UPH, INC. 704 9TH ST. S JACKSONVILLE BEACH FL 32250		Mailing Address ALLEN BOONE'S UPH, INC. 704 9TH ST. S JACKSONVILLE BEACH FL 32250	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State —		City & State —	
Zip	Country	Zip	Country
4. FEI Number 59-2980853		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		7. Name and Address of New Registered Agent	
TOUSEY, CLAY B., JR. 1 INDEPENDENT DRIVE 2600 JACKSONVILLE FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TS BOONE, ALLEN J., JR. 604 N. 3RD ST. JACKSONVILLE BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000249034 03/02/05-80055-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOONE, STEPHEN L. 604 N THIRD ST JACKSONVILLE 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	T BOONE, ALLEN J., JR. 604 N. 3RD ST. JACKSONVILLE BCH 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	V BOONE, ERNESTINE L. 604 N 3RD ST. JACKSONVILLE 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

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:

Allen Boone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-02

904-249-8821

Date

Daytime Phone #