

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L88299

1. Entity Name

CARL'S FURNITURE OF WEST PALM BEACH, INC.



Principal Place of Business

6650 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address

6650 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0230260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, BENJAMIN
399 W. PALMETTO PARK RD., STE. 106
BOCA RATON FL 33432

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

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDMAN, FRED	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, MYRON	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, JEFF	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRAGIN, ROBERT W.	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000296314

04/09/05-80063-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-05 954-949-1700