


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90506 010 ***150.00

| | |
|---|---|
| DOCUMENT # M80108 |  |
| 1. Entity Name NATIONAL OUTDOOR FURNITURE, INC. | |

| | |
|--|--|
| Principal Place of Business 5310 U S HWY 41 N #80 PALMETTO FL 34221 US | Mailing Address P.O. BOX 332 PARRISH FL 34221 US |
|--|--|

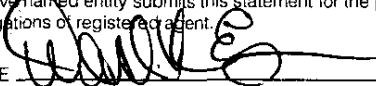
| | |
|---|-----------------------|
| 2. Principal Place of Business 2200 US Hwy 301 N. | 3. Mailing Address |
| Suite, Apt. #, etc. Unit #2 | Suite, Apt. #, etc. |
| City & State Palmetto, FL | City & State |
| Zip 34221 | Country USA |



MOORE CR2E034 (11/03)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent EVANS, DONALD RAY 3216 STAGE COACH TRAIL WIMAUMA FL 33598 | |
|---|--|

| | |
|---|--|
| 4. FEI Number 65-0058599 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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  | DATE 4/21/04 |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | D EVANS, DONALD RAY 5310 US HWY 41 N UNIT 80 PALMETTO FL 34221 <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 |
| 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 |
| 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  | Donald R. Evans | DATE 4/21/04 | Daytime Phone # |
|---|------------------------|---------------------|-----------------|