

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047868

1. Entity Name
ELEGANCE FURNITURE INC.



Principal Place of Business
**P.O. BOX 56612
JACKSONVILLE, FL 32241**

Mailing Address
**P.O. BOX 56612
JACKSONVILLE, FL 32241**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3684454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ECCLESIASTRE, ELYSEE
100 BELMONT DRIVE
JACKSONVILLE, FL 32259**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECCLESIASTRE, ELYSEE
STREET ADDRESS	100 BELMONT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	V
NAME	ECCLESIASTRE, NELCIE
STREET ADDRESS	100 BELMONT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/09/04-80011-001 150.00

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: Elysee Ecclestre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 904 230-4416

DATE

Daytime Phone If