

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

102

DOCUMENT # P00000100005

1. Entity Name

COMPETITIVE OFFICE FURNITURE & TOPS, INC.



FILED

04 OCT -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4208 W. OSBORNE AVE.
B
TAMPA FL 33614

Mailing Address
4208 W. OSBORNE AVE.
B
TAMPA FL 33614

Handwritten initials



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3679085

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, RANDY T
2703 W. WOODLAWN
TAMPA FL 33607

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

10/4/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 P ☐ Delete
NAME CASTRO, RANDY T
STREET ADDRESS 2703 W. WOODLAWN
CITY-ST-ZIP TAMPA-FL-33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100041710041
10/08/04-01029-022-***150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 #

Handwritten signature of Randy T. Castro

10/4/04

813-876-0430

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Competitive Office Furniture And Tops, Inc.

4208 W. OSBORNE AVE.
813-876-0430
888-302-1751
Capt.14025@aol.com

10/4/04

I Am sorry about sending this check
late. We were out of power due to storms
and me being out of town.

Thank you

