


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90456 040 \*\*\*150.00

**DOCUMENT # P01000001893**

1. Entity Name  
**THOMAS FURNITURE, INC.**



Principal Place of Business  
**74634 37TH ST CIR E  
 SARASOTA, FL 34243**

Mailing Address  
**74634 37TH ST CIR E  
 SARASOTA, FL 34243**

- DID NOT  
 NOTICE -

**24073611**



2. Principal Place of Business  
**THOMAS Furniture**  
 Suite, Apt. #, etc.  
**7634 37th ST CIR E**  
 City & State  
**SARASOTA FL**  
 Zip  
**34243** Country  
**USA**

3. Mailing Address  
**THOMAS TERRELL**  
 Suite, Apt. #, etc.  
**7634 37th ST CIR E.**  
 City & State  
**SARASOTA FL.**  
 Zip  
**34243** Country  
**USA**

05052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1066573** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PREWETT, DANIEL L  
 5777 BENEVA ROAD SOUTH  
 SARASOTA, FL 34233**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D TERRELL, THOMAS G 74634 37TH ST CIR E SARASOTA, FL 34243</b> (7634)	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
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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:** Thomas Terrell  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_