

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000006811

1. Entity Name
FURNITURE RESCUE SERVICES, INC.



Principal Place of Business
4107 ENCINA DR
BRANDON, FL 33511

Mailing Address
PO BOX 105
BRANDON, FL 33509-0105

FILED
May 03, 2004 08:00 AM
Secretary of State

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3691610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHIAVONE, JACQUELINE L
4107 ENCINA DR
BRANDON, FL 33511

**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 registering)

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 SCHIAVONE, JACQUELINE L
STREET ADDRESS 4107 ENCINA DR
CITY-ST-ZIP BRANDON, FL 33511

UD00000154091
05/04/04-80154-004 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 info empowered.

SIGNATURE: *Jacqueline L Schiavone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE L
SCHIAVONE 4-26-04 813-684-7549
Daytime Phone #