

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90095 017 ***150.00

DOCUMENT # P01000017969 1. Entity Name CUSTOM FURNITURE PRODUCTS, INC.					
Principal Place of Business 1065 SW 15 AVE SUITE 2 DELRAY BEACH, FL 33444			Mailing Address 1065 SW 15 AVE SUITE 2 DELRAY BEACH, FL 33444		
2. Principal Place of Business 1065 SW 15 AVE Suite, Apt. #, etc. Suite 2 City & State Delray Bch FL Zip 33444		3. Mailing Address 1065 SW 15 AVE Suite, Apt. #, etc. Suite 2 City & State Delray Bch FL Zip 33444		4. FEI Number 65-1080779 Applied For <input type="checkbox"/> Not Applicable	
Country Palm Bch		Country Palm Bch		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TILGHMAN, JAMES F 228 SW 9TH AVE BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name n/a 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	CD RICKARD, LYDLE L 12 POLPIS RD NANTUCKET, MA 02554 <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	D TILGHMAN, JAMES F 228 SW 9TH AVE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date 4-9-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		