2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000042677

1. Entity Name
AMERICAN FURNITURE REPAIR, INC.

Principal Place of Business	Mailing Address
17518 OSPREGLEN DR ORLANDO, FL 32820 US	1602 TWERTON ST WINTER SPRINGS, FL 32708-6113 US

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, MANDY
17518 OSPREGLEN DR
ORLANDO, FL 32820

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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 Mandy Adams 4/29/04
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) 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	ADAMS, BURTON K
STREET ADDRESS	769 ANDOVER CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 327086113
TITLE	VP
NAME	MANDOLYN, ADAMS
STREET ADDRESS	17518 OSPREGLEN DR
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	ST
NAME	GIPE, KARLO
STREET ADDRESS	17518 OSPREGLEN DR
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mandy Adams 4/29/04 407-568-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #