2006 FOR PROFIT CORPORATION

FILED May 02, 2006 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # P01000057062	Τ.
1. Entity Name	



05-02-2006 90184 011 ***150.00 CURTIS BROTHERS FURNITURE DEPOT. INC. Principal Place of Business Mailing Address 1451 CLEARWATER LARGO DR N 1451 CLEARWATER LARGO DR N LARGO, FL 33770 LARGO, FL 33770 3. Mailing Address

N. 1690CLeMMMCNL 2. Principal Place of Busin Suite, Apt. #, etc. 04192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For PL LEARUNGA 59-3734142 Not Applicable \$8.75 Additional 3756 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARDILLO, SUSAN M O. Box Number is Not Acceptable) DR N 1451 CLEARWATER LARGO DR N LARGO, FL 33770 CAMMATEL 8. The above named entity submits this statement for the purp registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent. SIGNATU (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CARDILLO, SUSAN M NAME NAME 1690 CLEMMAN LANGO DR N STREET ADDRESS 1451 CLEARWATER LARGO DR N STREET ADDRESS CITY-ST-ZIP ELEARWATER, FL LARGO, FL 33770 CITY ST ZIP ☐ Delete TITLE THEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY: ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- \$1 - ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 tridstee 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 epitic wered.

SIGNATURE:

Daytirne Phone #