## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000062573

PAUL, WILLIAM

5100 N. 9TH AVE.

PENSACOLA, FL 32504

Name:

Address:

City-St-Zip:

Entity Name: FUNKTIONAL FURNITURE, INC.

FILED Apr 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5100 N. 9TH AVE. J950 PENSACOLA, FL 32504 **New Mailing Address: Current Mailing Address:** 5100 N. 9TH AVE. PO BOX 28 .1950CANTONMENT, FL 32533 PENSACOLA, FL 32504 FEI Number: 59-3726538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN MATRE, BARRY J PO BOX 28 CANTONMENT, FL 32533 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOP ( ) Delete Title: () Change () Addition VANMATRE, BARRY J Name: Name: 5100 N. 9TH AVE. Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: Title: (X) Change ( ) Addition ST () Delete Name: PAUL, EMILY Name: PAUL, WILLIAM A 5100 N. 9TH AVE. 5100 N. 9TH AVE. Address: Address: PENSACOLA, FL 32504 PENSACOLA, FL 32504 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARRY J. VAN MATRE CEOP 04/04/2005