


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000074761**

1. Entity Name  
FURNITURE BY DESIGN, INC.



Principal Place of Business  
13811 US HWY 19 N  
CLEARWATER, FL 33764

Mailing Address  
13811 US HWY 19 N  
CLEARWATER, FL 33764

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3747237

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

6. Name and Address of Current Registered Agent  
RABE, COLLEEN W  
13811 US HWY 19 N  
CLEARWATER, FL 33764

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature: Typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering))

**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

NAME RABE, COLLEEN W 13811 US HWY 19 N CLEARWATER, FL 33764	<p>000000101320 04/02/04-80008-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
NAME RABE, THOMAS 13811 US HWY 19 N CLEARWATER, FL 33764	
NAME STREET ADDRESS CITY STATE ZIP	
NAME STREET ADDRESS CITY STATE ZIP	
NAME STREET ADDRESS CITY STATE ZIP	
NAME STREET ADDRESS CITY STATE ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Colleen W Rabe 3/29/04 727-530-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone