


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90471 031 \*\*\*158.75

**DOCUMENT # P02000004459**

1. Entity Name  
**FURNITURE PHYSICIANS, INC.**



Principal Place of Business 3936 S SEMORAN BLVD #491 ORLANDO, FL 32822	Mailing Address 3936 S SEMORAN BLVD #491 ORLANDO, FL 32822
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**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0536193</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BEASLEY, DAVID J ESQ.**  
**505 N. MILLS AVE., #202**  
**ORLANDO, FL 32803**

**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 reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$580.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, RAYMOND 3936 S. SEMORAN BLVD., #491 ORLANDO, FL 32822
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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 officers empowered.

SIGNATURE:  DATE: **4/22/04** DAYTIME PHONE #: **407-812-4576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR