## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 22, 2005 8:00 am Secretary of State DOCUMENT # P02000028422 1. Entity Name 04-22-2005 90308 035 \*\*\*150.00 HOME FURNISHINGS ETC., INC. Principal Place of Business Mailing Address 2238 GULF GATE DRIVE SARASOTA FL 34231 2238 GULF GATE DRIVE SARASOTA FL 34231 2. Principal Place of Business 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 01-0640653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent YEVGENIY JOHN FURMANON Street Address (P.O. Box Number is Not Acceptable) 4106 CENTRAL SARASOTA PWKY. 1033 SARASOTA FL 34238 City Zip Code 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. d agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete Change Addition FURMANON, YEVGENIY J NAME NAME 7918 BERGAMO AVE STREET ADDRESS 4106 CENTRAL SARASOTA PKWY. #1033 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 SPRASOTA, FI 34238 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition FURMANON, NATALIA V NAME NAME 4106 CENTRAL SARRSOTA PKWY, 10333 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered **SIGNATURE** 

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