

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03) *MRD*

DOCUMENT # P02000037918

1. Entity Name
RECLINERS TO GO, INC.



Principal Place of Business
**6400 LAKE WORTH RD
LAKE WORTH FL 33467**

Mailing Address
**6400 LAKE WORTH RD
LAKE WORTH FL 33467**

2. Principal Place of Business
6295 Lk. Worth Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lk. Worth Rd FL 33467

City & State

Zip Country Zip Country

4. FEI Number
42-1650527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAILLANT, DANIELLE
6400 LAKE WORTH RD
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

REINSTATEMENT *04*

City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILLANT, DANIELLE	NAME	
STREET ADDRESS	6400 LAKE WORTH RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *Danielle Vaillant* *4/28/04* *561 296 6538*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

TONY J. ALFERO, ESQUIRE

ATTORNEY AND COUNSELOR AT LAW
PBA EXECUTIVE COMPLEX
2850 WEST STATE ROAD 84 SUITE 102
FT. LAUDERDALE, FLORIDA 33312

MEMBER OF FL & NY BARS

TELEPHONE (954) 587-8488

November 15, 2004

Telephone No.: 850-245-6059

Facsimile No.: 850-245-6017

Ms. Ruby Dunlap
Division of Corporations
Reinstatement Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: RECLINERS TO GO, INC.
Document No.: P02000037918

Dear Ms. Dunlap:

Pursuant to your conversation with my secretary Brean, please be advised that Recliners to Go, Inc.'s FEI number is 42-1650527. As my secretary made you aware, my client did not receive any correspondence from the Division of Corporations regarding the missing information on the Annual Report. Specifically, my client did not receive the May 12, 2004 you referred to in your conversation with her.

This will confirm that you further advised Brean that upon receipt of this information you would reinstate the corporation effective immediately with no additional expense to my client. Thank you for your time and consideration. Please advise when this is complete.

Very Truly Yours

ANTHONY J. ALFERO

AJA/btt

cc: Client