

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90002 040 ***150.00

DOCUMENT # P02000096711

1. Entity Name

RAYMOND FURNITURE INC.



Principal Place of Business

2670 S ORLANDO DR
SANFORD FL 32773

Mailing Address

2670 S ORLANDO DR
SANFORD FL 32773

2. Principal Place of Business

2201 FRENCH AV. #2

3. Mailing Address

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

4. FEI Number

90-0112248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RAYMOND L
2670 S ORLANDO DR
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

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

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

RAYMOND SMITH

(NOTE: Registered Agent signature required when reinstating)

DATE

07-31-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, CHERRY L	
STREET ADDRESS	2670 S ORLANDO DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, SHERYL D	
STREET ADDRESS	2670 S ORLANDO DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, DEWEY H	
STREET ADDRESS	2670 S ORLANDO DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TONY L	
STREET ADDRESS	2670 S ORLANDO DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SMITH, RAYMOND L	
STREET ADDRESS	2670 S ORLANDO DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

RAYMOND SMITH

Date

Daytime Phone #

07-31-04