

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90024 015 ***150.00

DOCUMENT # P02000096711

1. Entity Name

RAYMOND FURNITURE INC.



Principal Place of Business

2201 FRENCH AVE
STE 2
SANFORD FL 32771

Mailing Address

2670 S ORLANDO DR
SANFORD FL 32773



2. Principal Place of Business

1219 FRENCH AVE
Suite, Apt. #, etc.

3. Mailing Address

1219 FRENCH AVE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

SANFORD FL
Zip Country

City & State

SANFORD FL
Zip Country

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 SMITH, RAYMOND L.
Street Address (P.O. Box Number is Not Acceptable)

1219 FRENCH AVE
City SANFORD FL Zip Code 32771

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

[Signature] CEO

Signature, typed or printed name of registered agent and Title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

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
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

5058786
#P02000096711

I've Moved Twice in the last
Year. Just Received paper work

Thank You

Raymond Smith

