

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000005733**

**1. Entity Name  
GAIN FURNITURE INC.**



**Principal Place of Business  
4755 W. ATLANTIC AVENUE  
DELRAY BEACH, FL 33445**

**Mailing Address  
4755 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33445**



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
43-1991756**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HUNTER, CALVIN  
7750 NW 45 CT  
FORT LAUDERDALE, FL 33351**

**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**

*Signature, typed or printed name of registered agent and file 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**

**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  
PD  
HUNTER, CALVIN  
7750 NW 45 CT.  
LAUDERHILL, FL 33351**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
HUNTER, JANET  
7750 NW 45 CT.  
LAUDERHILL, FL 33351**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

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03/07/05-80084-006 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Janet Hunter 3/2/05 561-638-9099**

**Date**

**Daytime Phone #**