


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90021 029 ***150.00

DOCUMENT # P03000006301

1. Entity Name
REGAL CUSTOM FURNITURE AND GLASS, INC.



Principal Place of Business
 2303 58TH AVE E
 BRADENTON, FL 34202

Mailing Address
 2303 58TH AVE E
 BRADENTON, FL 34202

94047022

2. Principal Place of Business
3150 Lake Ridge Dr

3. Mailing Address
3150 Lake Ridge Dr

Suite, Apt. #, etc.



03092004 Chg-P CR2E034 (10/03)

City & State
SARASOTA Florida

City & State
SARASOTA Florida

Zip
34237

Country
USA

4. FEI Number
85-0485327

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MICKA, ALICE L
2303 58TH AVE. E
BRADENTON, FL 34203

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3150 Lake Ridge Dr
 City
SARASOTA FL Zip Code
34237

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: *Alice L Micka* DATE: 4/3/04

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

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	President Alice L Micka 3150 Lake Ridge Dr SARASOTA, Florida 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Eugene E. Lindstrom 3150 Lake Ridge Dr SARASOTA Florida 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alice L Micka* Date: 34237 9419143507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR