

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006301

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: REGAL CUSTOM FURNITURE AND GLASS, INC.

## Current Principal Place of Business:

3150 LAKE RIDGE DR.  
SARASOTA, FL 34237

## New Principal Place of Business:

4185 SANDUNE AVENUE  
NORTH PORT, FL 34287

## Current Mailing Address:

3150 LAKE RIDGE DR.  
SARASOTA, FL 34237

## New Mailing Address:

4185 SANDUNE AVENUE  
NORTH PORT, FL 34287

FEI Number: 85-0485327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICKA, ALICE L  
3150 LAKE RIDGE DR.  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

MICKA, ALICE L  
4185 SANDUNE AVENUE  
NORTH PORT, FL 34287 US

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.

SIGNATURE: \_\_\_\_\_

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MICKTA, ALICE L  
Address: 3150 LAKE RIDGE DR.  
City-St-Zip: SARASOTA, FL 34237

Title: V ( ) Delete  
Name: LINSTROM, EUGENE E  
Address: 3150 LAKE RIDGE DR.  
City-St-Zip: SARASOTA, FL 34237

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MICKA, ALICE L  
Address: 4185 SANDUNE AVENUE  
City-St-Zip: NORTH PORT, FL 34287

Title: V (X) Change ( ) Addition  
Name: LINSTROM, EUGENE E  
Address: 4185 SANDUNE AVENUE  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE L. MICKA

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date