

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013041

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** NEW TO YOU HOME FURNISHINGS, INC.

**Current Principal Place of Business:**

7857 U.S. HIGHWAY 301 SOUTH  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

12016 BAYTREE DRIVE  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

**FEI Number:** 06-1676411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLISLE, SHARON R  
12016 BAYTREE DRIVE  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

MCGOWAN, TEDDI  
6430 GULF & SEA BLVD  
APOLLO BEACH, FL 33572 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:** TEDDI MCGOWAN

01/06/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CARLISLE, SHARON R  
**Address:** 12016 BAYTREE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**Title:** VP ( ) Delete  
**Name:** CARLISLE, STEVEN L  
**Address:** 12016 BAYTREE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** CARLISLE, SHARON R  
**Address:** 12016 BAYTREE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** SHARON CARLISLE

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date