

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90022 039 ***150.00

DOCUMENT # P03000018549					
1. Entity Name FURNITURE PLUS BED CITY INC.					
Principal Place of Business 3388 W. NEW HAVEN AVE., W. MELBOURNE, FL 32904			Mailing Address 3388 W. NEW HAVEN AVE., W. MELBOURNE, FL 32904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number Applied For 42-1580618 <input type="checkbox"/> Not Applicable.					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LINVILLE, NAOMI M 3388 W. NEW HAVEN AVE., W. MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name <u>Paula Jenkins</u> Street Address (P.O. Box Number is Not Acceptable) <u>3388 W. New Haven Ave.</u> City <u>Melbourne</u> <u>FL</u> Zip Code <u>32904</u>		
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 <u>Paula K. Jenkins</u> <u>1-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINVILLE, NAOMI M <input checked="" type="checkbox"/> Delete 1004 BLAU CT. NW PALM BAY, FL 32907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME <u>Paula Jenkins</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <u>3388 W. New Haven Ave</u> CITY-ST-ZIP <u>Melbourne, FL 32904</u>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Paula K. Jenkins</u> <u>1-28-04</u> (321) 951-2098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					