**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR):-4

## May 14, 2004 8:00 am Secretary of State **DOCUMENT # P03000026717** 04-27-2004 90070 025 \*\*\*150.00 1. Entity Name RUSTIC RANCH FURNITURE FRANCHISE COMPANY. INC. Principal Place of Business Mailing Address 519 13TH ST. WEST BRADENTON FL 34205 519 13TH ST. WEST BRADENTON FL 34205 00421624 2. Principal Place of Business 4211 N.W. 1311+chton Suite Apr. # etc. 3. Mailing Address SAME Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For -0841901 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULOCK, EDWIN T Street Address (P.O. Box Number is Not Acceptable) 519-13TH-ST. WEST **BRADENTON FL 34205** City Zio Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Feas 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 न्याप ह ☐ Delete TITLE Change ☐ Addition NAME MULOCK, EDWIN T ESO. NAME STREET ADDRESS 519 13TH ST. WEST STREET ADDRESS BRADENTON FL 34205 WITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME TITSWORTH, JUD NAME STREET ADDRESS 4211 BLITCHTON RD. STREET ADDRESS CITY-ST-76 OCALA FL 34482 CITY-ST-ZIP ☐ Delete IMLE □ Change ■ Addition NAME-STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP IIRE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TM F ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 12. I nereby 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 repeiver or mustee 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: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**