2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000038099

Entity Name: COVER TIME UPHOLSTERY, INC.

Current Principal Place of Business:

2924-C CRESCENT DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2924-C CRESCENT DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 90-0065761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTON, V'LISA L
1119 CORBY COURT EAST
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOGAN, JAN A
Address: 134 LOGAN JONES ROAD
City-St-Zip: HAVANA, FL 32333

Title: P ( ) Delete
Name: LOGAN, ANGIELO
Address: 3156 CRUMP ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete
Name: NORTON, V'LISA L
Address: 1119 CORBY COURT EAST
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LOGAN, JAN A
Address: 134 LOGAN JONES ROAD
City-St-Zip: HAVANA, FL 32333

Title: D (X) Change ( ) Addition
Name: LOGAN, ANGIELO
Address: 3156 CRUMP ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition
Name: NORTON, V'LISA L
Address: 1119 CORBY COURT EAST
City-St-Zip: TALLAHASSEE, FL 32317

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: V'LISA L. NORTON D 04/27/2004

Electronic Signature of Signing Officer or Director Date