


375-0

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-10-2004 90033 003 ***150.00

DOCUMENT # P03000054029					
1. Entity Name ISLE OF CAPRI FURNITURE, INC.					
Principal Place of Business 1699 SOUTH 14TH STREET SUITE 11 FERNANDINA BEACH, FL 32034			Mailing Address 1699 SOUTH 14TH STREET SUITE 11 FERNANDINA BEACH, FL 32034		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1058416	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOSELEY, VIRGINIA S 4466 SANDPIPER LANE FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Pres	NAME VIRGINIA Moseley	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1699 So. 14th St. #11			NAME		
CITY-ST-ZIP FERNANDINA BEACH 32034			STREET ADDRESS		
TITLE Tech	NAME Jon A Moseley	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1699 So 14th St #11			NAME		
CITY-ST-ZIP FERNANDINA BEACH 32034			STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
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: Virginia Moseley President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66412675



01302004 Chg-P CR2E034 (10/03)

4. FEI Number
33-10584165. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredMOSELEY, VIRGINIA S
4466 SANDPIPER LANE
FERNANDINA BEACH, FL 32034Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
Pres
NAME
VIRGINIA Moseley
STREET ADDRESS
1699 So. 14th St. #11
CITY-ST-ZIP
FERNANDINA BEACH 32034TITLE
Tech
NAME
Jon A Moseley
STREET ADDRESS
1699 So 14th St #11
CITY-ST-ZIP
FERNANDINA BEACH 32034TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE
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SIGNATURE: **Virginia Moseley President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #