

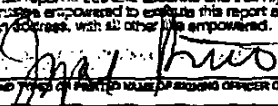
FROM : DISCOUNT FURNITURE

FAX NO. : 561-330-7225

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-16-2004 90008 038 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000054940			
1. Entity Name HALF-PRICE FURNITURE, INC.			
Principal Place of Business 3421 S. OCEAN BOULEVARD HIGHLAND BEACH, FL 33487		Mailing Address 3421 S. OCEAN BOULEVARD HIGHLAND BEACH, FL 33487	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
6. 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.			
SIGNATURES			
7. Section Campaign Financing		8. \$5.00 May Be Added to Fees	
Trust Fund Contribution		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	COLETTA, SYLVESTER		
STREET ADDRESS	3421 S. OCEAN BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 178.07(3)(b), 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 any document, with all other files empowered.			
SIGNATURE: 		7/13/04	
SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Daytime Phone #	

66431774



06162004 Chg-P CR2EC04 (10/03)

4. FEI Number **300189117** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required