APR-28-04 WED 07:26 AM JACK MCNEAL CPA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90265 017 ***150.00

DOCUMENT # P03000079012

1. Entity Name
UPHOLSTERY INNOVATIONS, INC.

Principal Place of Business	Mailing Address
4308 2ND AVENUE NE BRADENTON, FL 34208	4308 2ND AVENUE NE BRADENTON, FL 34208

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
X 2200 US Hwy 301 N	X P.O. Box 160
Suite, Apt. #, etc. Building 5	Suite, Apt. #, etc.
City & State Palmetto FL	City & State Oneco Florida
Zip 34221 Country USA	Zip 34264 Country USA

4. FEI Number 03-0523658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, CRYSTAL M 4308 2ND AVENUE NE BRADENTON, FL 34208	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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, CRYSTAL M 4308 2ND AVENUE NE BRADENTON, FL 34208 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Crystal Howard CRYSTAL HOWARD 4-27-04 941-729-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #