


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90766 019 ***150.00

DOCUMENT # P03000100021	
1. Entity Name COMMON SENSE OFFICE FURNITURE SERVICES, INC.	

Principal Place of Business 506 PUERTA COURT ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 506 PUERTA COURT ALTAMONTE SPRINGS, FL 32701 US
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66424618



2. Principal Place of Business 820 W. Washington St. Suite, Apt. #, etc.	3. Mailing Address 820 W. Washington St. Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 20-0225864	Applied For <input type="checkbox"/> Not Applicable
Zip 32805	Country USA	Zip 32805	Country USA

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

6. Name and Address of Current Registered Agent CLEMENTS, ROBERT G. 5401 S. KIRKMAN ROAD SUITE 310 ORLANDO, FL 32819	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P. CASWELL, JOHN C 506 PUERTA COURT ALTAMONTE SPRINGS, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **04.30.04** **407-206-5040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #