

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116208

FILED
Jan 12, 2004
Secretary of State

Entity Name: FURNITURE CONCEPT GALLERY, INC.

Current Principal Place of Business:

4429A CLEVELAND AVE.
FORT MYERS, FL 33901 US

New Principal Place of Business:

4429 CLEVELAND AVE.
B
FORT MYERS, FL 33901 US

Current Mailing Address:

4429A CLEVELAND AVE.
FORT MYERS, FL 33901 US

New Mailing Address:

4429 CLEVELAND AVE.
B
FORT MYERS, FL 33901 US

FEI Number: 56-2406900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LY, VAN N
9507 SILVER PINE LOOP
FORT MYERS, FL 33912 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: LY, VAN N
Address: 9507 SILVER PINE LOOP
City-St-Zip: FORT MYERS, FL 33912 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: PHUNG, VONG L
Address: 17469 ELLIE DR
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP () Change (X) Addition
Name: NGUYEN, THAI V
Address: 18015 HORSESHOE BAY CIR
City-St-Zip: FORT MYERS, FL 33912

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: VAN N LY

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date