## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000119009

Entity Name: FLORIDA FURNITURE REPRESENTITIVES INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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681 S. W. WOODSIDE CT. 681 S. W. WOODSIDE CT. PALM CITY, FL 34990 PALM CITY, FL 34990 LIS

**Current Mailing Address: New Mailing Address:** 

681 S. W. WOODSIDE CT. 681 S. W. WOODSIDE CT. PALM CITY, FL 34990 PALM CITY, FL 34990 US MA

FEI Number: 90-0115485 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SHINGARY, JOE SHINGARY, JOE 681 S. W. WOODSIDE CT. 681 S. W. WOODSIDE CT. PALM CITY, FL 34990 MAR US PALM CITY, FL 34990

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: JOE SHINGARY 04/13/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete SHINGARY, JOE

Name: 681 S. W. WOODSIDE CT. Address: City-St-Zip: PALM CITY, FL 34990 MA

Title: () Delete Name: GAEBEL, GRETCHEN 681 S. W. WOODSIDE CT. Address: PALM CITY, FL 34990 MA

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title:

SHINGARY, JOE Name:

681 S. W. WOODSIDE CT. Address: City-St-Zip: PALM CITY, FL 34990 US

Title: (X) Change ( ) Addition

Name: GAEBEL, GRETCHEN Address: 681 S. W. WOODSIDE CT. PALM CITY, FL 34990 US City-St-Zip:

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.

Ρ SIGNATURE: JOE SHINGARY 04/13/2005