


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90002 012 \*\*\*150.00

<b>DOCUMENT # P03000121217</b>			
1. Entity Name <b>BRUCE BUGDAL CUSTOM INTERIORS, INC.</b>			
Principal Place of Business <b>1117 NW 35TH AVE. GAINESVILLE, FL 32609</b>		Mailing Address <b>1117 NW 35TH AVE. GAINESVILLE, FL 32609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0405359</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BUGDAL, MONA 1117 NW 35TH AVE. GAINESVILLE, FL 32609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUGDAL, BRUCE 1117 NW 35TH AVE. GAINESVILLE, FL 32609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

*Mona M. Bugdal, Secretary 6/8/04*