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Secretary of State

04-26-2004 90558 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000129355

1. Entity Name
FURNITURE EXPRESS, INC.

04222004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
C/O CHRIS CRESWELL, 2364 FRUITVILLE RD SARASOTA, FL 34239	C/O CHRIS CRESWELL, 2364 FRUITVILLE RD SARASOTA, FL 34239
2. Principal Place of Business: P.O. Box 1508	3. Mailing Address: P.O. Box 1508
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis FL	City & State: Nokomis FL
Zip: 34274 Country: USA	Zip: 34274 Country: USA

4. FEI Number 30-0216956 ☐ 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
CASWELL, CHRIS 2364 FRUITVILLE RD SARASOTA, FL 34239	Name: DAN PRUITT Street Address (P.O. Box Number is Not Acceptable): 5777 BENEVA RD. City: SARASOTA FL Zip Code: 34233

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: Dan Pruitt DATE: 4/22/04
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	~~PRESIDENT - OFFICER~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - OFFICER JEFF LAHTI 4221 S. TAMIAMI TRAIL SARASOTA, FL 34231	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: J.W. Lahti J.W. LAHTI 4/23/04 941-923-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #