

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 044 \*\*\*150.00

**DOCUMENT-# P03000153259**

1. Entity Name

FURNITURE LEISURE, INC.



Principal Place of Business

216 DESOTO DR  
NEW SMYRNA BEACH FL 32169

Mailing Address

216 DESOTO DR  
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

1300B South US1

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2390

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Bunnell FL

4. FEI Number

52-2419881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAVLEE, JOHN G

216 DESOTO DR  
NEW SMYRNA BEACH FL 32169

1300B South US1

Bunnell FL 32110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

John Gravlee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/13/2006

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME GRAVLEE, JOHN G

STREET ADDRESS 216 DESOTO DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

1300B S US1  
Bunnell FL

TITLE D ☐ Delete

NAME GRAVLEE, AIDA

STREET ADDRESS 216 DESOTO DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

1300B S. US1  
Bunnell FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John Gravlee

2/13/2006 386437 6061