

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90054 008 ***150.00

DOCUMENT # P04000030310

1. Entity Name
ABODE FURNITURE, INC.



Principal Place of Business

**3644 POND VIEW LANE
SARASOTA FL 34245**

Mailing Address

**3644 POND VIEW LANE
SARASOTA FL 34245**

2. Principal Place of Business

816 MANATEE AVE. EAST

Suite, Apt. #, etc.

#1

3. Mailing Address

816 MANATEE AVE. EAST

Suite, Apt. #, etc.

#1

08152005

Chg-P

CR2E034 (10/03)

City & State

BRADENTON FLORIDA

City & State

BRADENTON FLORIDA

4. FEI Number

20-133 0671

Applied For

Not Applicable

Zip

34208

Country

USA

Zip

34208

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FRIDSHAL, JOAN

**1219 EAST AVENUE SOUTH, SUITE 104
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

JANE BENNETT

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

3644 POND VIEW LANE

City

SARASOTA

FL

Zip Code

34235

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08/19/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

TITLE **PRES / DIR / SEC** ☐ Delete
NAME **JANE BENNETT**
STREET ADDRESS **3644 POND VIEW LANE**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/19/05

Daytime Phone #