

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 039 ***150.00

DOCUMENT # P04000072874

1. Entity Name

UPHOLSTERY UNLIMITED OF TALLAHASSEE INC.



Principal Place of Business

20 WHIDDON LAKE ROAD
CRAWFORDVILLE FL 32327
US

Mailing Address

20 WHIDDON LAKE ROAD
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business - No P.O. Box #

1858 Crawfordville Hwy

3. Mailing Address

20 Whiddon Lake Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crawfordville FL

Crawfordville FL

Zip

Country

Zip

Country

32327

USA

32327

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, JOHN M III
20 WHIDDON LAKE ROAD
CRAWFORDVILLE FL 32327

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 Waters

4-17-08

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WATERS, JOHN M III	
STREET ADDRESS	20 WHIDDON LAKE ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08

Date

850-926-2746

Daytime Phone #