


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000099297</b>	
1. Entity Name <b>FLORIDA WHOLESALE FURNITURE, INC.</b>	

Principal Place of Business <b>9939A EAST FOWLER AVENUE THONOTOSASSA, FL 33592 US</b>	Mailing Address <b>9939A EAST FOWLER AVENUE THONOTOSASSA, FL 33592 US</b>
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**DO NOT WRITE IN THIS SPACE**



05032006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**CORYEA, MATTHEW S  
9939A EAST FOWLER AVENUE  
THONOTOSASSA, FL 33592**

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IN THIS SPACE**

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 reappointing) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>CORYEA, MATTHEW S</b>
NAME	<b>9939A EAST FOWLER AVENUE</b>
STREET ADDRESS	<b>THONOTOSASSA, FL 33592</b>
CITY-ST-ZIP	
TITLE <b>SEC</b>	<b>CORYEA, BETH E</b>
NAME	<b>9939A EAST FOWLER AVENUE</b>
STREET ADDRESS	<b>THONOTOSASSA, FL 33592</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

UD00000563098  
05/19/06-80081-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Matthew Coryea Matthew Coryea 5-1-06 (813) 298-2844

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #