


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90169 031 ***150.00

DOCUMENT # P04000133801 1. Entity Name ANDREWS CUSTOM UPHOLSTERY, INC.			
Principal Place of Business 1003 BRIERFIELD DRIVE JACKSONVILLE, FL 32205 US		Mailing Address 1003 BRIERFIELD DRIVE JACKSONVILLE, FL 32205 US	
2. Principal Place of Business 1044 Cassat Ave Suite, Apt. #, etc.		3. Mailing Address 1044 Cassat Ave Suite, Apt. #, etc.	
City & State JAX, FL Zip 32205 Country US		City & State JAX, FL Zip 32205 Country US	
4. FEI Number 27-0104901		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, ANDREW III 1003 BRIERFIELD DRIVE JACKSONVILLE, FL 32205		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BAKER, ANDREW III STREET ADDRESS 1003 BRIERFIELD DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE 1044 Cassat Ave. NAME JACKSONVILLE, FL 32205 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BAKER, KAREN L STREET ADDRESS 1003 BRIERFIELD DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE 1044 Cassat Ave. NAME JACKSONVILLE, FL 32205 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrew Baker III		04/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

904-425-4222