

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 029 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P04000144204 1. Entity Name ORIGINALS ARTS AND FURNISHINGS INC | | | | | |
| Principal Place of Business 6478 SAN CASA DRIVE UNIT #D ENGLEWOOD, FL 34224 US | | | Mailing Address 6478 SAN CASA DRIVE UNIT #D ENGLEWOOD, FL 34224 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-1768366 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent NOWAK, CELESTE L 6478 SAN CASA DRIVE UNIT #D ENGLEWOOD, FL 34224 | | | 7. Name and Address of New Registered Agent Name LANGSHAW, ANN Street Address (P.O. Box Number is Not Acceptable) 7202 MAGUIRE LANE City ENGLEWOOD FL Zip Code 34224 | | |
| 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 <i>Ann Langshaw</i> ANN LANGSHAW, Secty/Treas. 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | P LANGSHAW, BRUCE W 7202 MAGUIRE LANE ENGLEWOOD, FL 34224 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NOWAK, JOHN P 169 ROTONDA CIRCLE ROTONDA WEST, FL 33947 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LANGSHAW, ANN 7202 MAGUIRE LANE ENGLEWOOD, FL 34224 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NOWAK, CELESTE L 169 ROTONDA CIRCLE ROTONDA WEST, FL 33947 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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 <i>Bruce W. Langshaw</i> BRUCE W. LANGSHAW 2/15/05 9414737367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |