


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90088 038 ***150.00

DOCUMENT # P04000160231 1. Entity Name COMFY CHAIR CO.																																																																																																																																			
Principal Place of Business 2389 SEAFOOD DR WEST PALM BEACH, FL 33414			Mailing Address 2389 SEAFOOD DR WEST PALM BEACH, FL 33414																																																																																																																																
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City & State LK Worth		City & State FL		4. FEI Number 364566752																																																																																																																															
Zip 33467		Country P.Bch		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Wayne Minix Street Address (P.O. Box Number is Not Acceptable) 7332 LK Worth Rd City LK Worth FL 33467																																																																																																																															
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: Wayne Minix (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/05																																																																																																																																			
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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: Wayne Minix 4/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			

✓

40082706



04272005 Chg-P CR2E034 (10/03)

4. FEI Number **364566752** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Wayne Minix**
 Street Address (P.O. Box Number is Not Acceptable) **7332 LK Worth Rd**
 City **LK Worth** **FL** **33467**

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: **Wayne Minix** (NOTE: Registered Agent signature required when reinstating)
 DATE: **4/28/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: **Wayne Minix** **4/28/05**
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