


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90311 007 ***150.00

DOCUMENT # P05000027641 1. Entity Name EUROPEAN RECLINER SHOWROOM INCORPORATED																																									
Principal Place of Business 501 N ORLANDO AVE STE 139 WINTER PARK FL 32789			Mailing Address 501 N ORLANDO AVE STE 139 WINTER PARK FL 32789																																						
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																						
4. FEI Number 01-0830003				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 WISE, SANDRA 140 MINNEHAHA RD MAITLAND FL 32751			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 re-stating) DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PV WISE, SANDRA 140 MINNEHAHA RD MAITLAND FL 32751</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>S GOLDEN, MARVIN 140 MINNEHAHA RD MAITLAND FL 32751</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>T GOLDEN, DAWN 140 MINNEHAHA RD MAITLAND FL 32751</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE	PV WISE, SANDRA 140 MINNEHAHA RD MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE	S GOLDEN, MARVIN 140 MINNEHAHA RD MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE	T GOLDEN, DAWN 140 MINNEHAHA RD MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PV WISE, SANDRA 140 MINNEHAHA RD MAITLAND FL 32751	<input type="checkbox"/> Delete																																							
TITLE	S GOLDEN, MARVIN 140 MINNEHAHA RD MAITLAND FL 32751	<input type="checkbox"/> Delete																																							
TITLE	T GOLDEN, DAWN 140 MINNEHAHA RD MAITLAND FL 32751	<input type="checkbox"/> Delete																																							
TITLE		<input type="checkbox"/> Delete																																							
TITLE		<input type="checkbox"/> Delete																																							
TITLE		<input type="checkbox"/> Delete																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
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: <i>Sandra Wise</i> SANDRA WISE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/20/06 Daytime Phone: 407-691-0033																																						