

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

04-25-2007 90178 015 ***150.00

DOCUMENT # P06000093426 1. Entity Name FURNITURE DESIGN OF KISSIMMEE, INC.					
Principal Place of Business 2615 N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744			Mailing Address 2615 N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5052352	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPA, TESSA E 159 CORAL WOOD CIRCLE KISSIMMEE FL 34743				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent must be acceptable. (NOTE: Registered Agent signature required when certifying)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 DUPA, TESSA E 159 CORAL WOOD CIRCLE KISSIMMEE FL 34743	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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: <u>Tessa Dupa President</u> <u>4/20/07</u> <u>407 932 4000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					