

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90156 031 ***150.00

DOCUMENT # P07000007998 1. Entity Name CENTRAL FLORIDA FURNITURE REPAIR, INC.			
Principal Place of Business 18173 THORNHILL GRAND CIRCLE ORLANDO, FL 32820 US		Mailing Address 18173 THORNHILL GRAND CIRCLE ORLANDO, FL 32820 US	
2. Principal Place of Business - No P.O. Box # 18173 Thornhill Grand Cir Suite, Apt. #, etc.		3. Mailing Address 18173 Thornhill Grand Cir Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32820 Country U.S.		City & State Orlando, FL Zip 32820 Country U.S.	
4. FEI Number 20-8263625		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 ADAMS, MANDOLYN R 18173 THORNHILL GRAND CIRCLE ORLANDO, FL 32820		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 registration.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 ADAMS, MANDOLYN R STREET ADDRESS 18173 THORNHILL GRAND CIRCLE CITY-ST-ZIP ORLANDO, FL 32820	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GIPE, KARL B STREET ADDRESS 18173 THORNHILL GRAND CIRCLE CITY-ST-ZIP ORLANDO, FL 32820	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 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:		4/29/08 407-568-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	