

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P38063**

1. Entity Name  
**THE BOMBAY FURNITURE COMPANY, INC.**



Principal Place of Business  
**550 BAILEY AVE., #700  
FT. WORTH, TX 76107**

Mailing Address  
**550 BAILEY AVE., #700  
FT. WORTH, TX 76107**



05032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-1475223**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, JOHN 4716 NORTHSIDE DR. NW ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEITENHEIMER, MICHAEL J. 550 BAILEY AVE., #700 FT. WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROWLEY, ELAINE D. 550 BAILEY AVE., STE 700 FT. WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARREKER, JAMES D 5930 DESCO DRIVE DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINGANUM, JULIE 941 WEST CALIFORNIA MILL VALLEY, CA 94941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/16/05-80013-018 \$550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Elaine D. Crowley*

*Elaine D. Crowley*

*817.347.8247*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SVP, CFO**

Date

Daytime Phone #