

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000002006
1. Entity Name
RENE'S UPHOLSTERY, INCORPORATED



Principal Place of Business 100 N.W. 28TH ST. BLDG. B, SUITE 1 BOCA RATON, FL 33431	Mailing Address 100 N.W. 28TH ST. BLDG. B, SUITE 1 BOCA RATON, FL 33431
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03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0379124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, JOHN
400 NE 24TH ST.
BOCA RATON, FL 33431

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000077789
03/08/04-80001-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, JOHN 400 NE 24 ST. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, CHRISTOPHER 2503 NW 27TH AVE. BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, LEE R 3231 JOG PARK DR GREEN ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, KATHLEEN C 3231 JOG PARK DR GREENACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: Lee R Stone LEE R STONE 3/1/2004 04-963-8853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #