


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90154 004 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P93000045515 1. Entity Name ACTION UPHOLSTERY SUPPLY, INC. | | | |  | |
| Principal Place of Business 1901 17TH STREET SARASOTA, FL 34234 US | | | Mailing Address 1901 17TH STREET SARASOTA, FL 34234 US | | |
| 2. Principal Place of Business 2227 72ND AVENUE E. Suite, Apt. #, etc. | | 3. Mailing Address 2227 72ND AVENUE E. Suite, Apt. #, etc. | | | |
| City & State SARASOTA FL Zip 34243 | | City & State SARASOTA FL Zip 34243 | | 4. FEI Number 65-0437499 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. | |
| 6. Name and Address of Current Registered Agent MOLYNEAUX, CHARLES 1901 17TH ST SARASOTA, FL 34234 | | | 7. Name and Address of New Registered Agent Name MOLYNEAUX, CHARLES Street Address (P.O. Box Number is Not Acceptable) 2227 72ND AVENUE E. City SARASOTA FL Zip Code 34243 | | |
| 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 the registered agent. SIGNATURE <i>Charles Molyneux</i> 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | D MOLYNEAUX, CHARLES 1901 17TH ST SARASOTA, FL 34234 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHERE, ALFRED 107 SW 59TH TERR CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MOLYN, KRISTY C 1075 SPEASMOKE LN SARASOTA, FL 34232 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| 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: <i>Charles Molyneux</i> 4/14/05 941-254-0532 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |