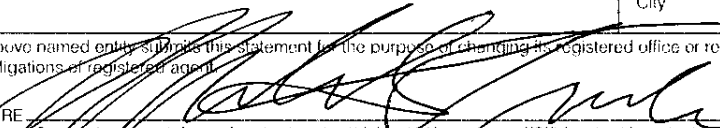
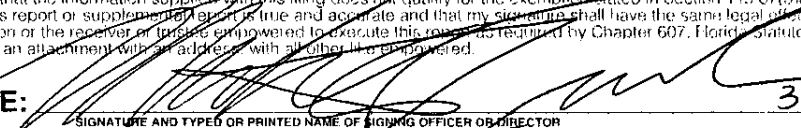


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 011 ***150.00

DOCUMENT # P93000072529 1. Entity Name COMPLETE FURNITURE & INTERIORS INC			
Principal Place of Business 119 PARK LANE TITUSVILLE, FL 32780		Mailing Address P.O. BOX 1167 TITUSVILLE, FL 32781-1167 US	
2. Principal Place of Business 1310 War Eagle Blvd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1167 Suite, Apt. #, etc.	
City & State Titusville, FL		City & State Titusville, FL	
Zip 32796		Zip 32781-1167	
Country USA		Country USA	
4. FEI Number 59-3209410		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796		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 registered agent. SIGNATURE:  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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREIDER, MITCHELL A 119 PARK LANE 1310 War Eagle Blvd TITUSVILLE, FL 32796	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Jose Gonzalez 6209 Royal Fern Street Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEARNS, CHRIS 337 ACOCH DRIVE TITUSVILLE, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Joseph McGrath 291 Short ST lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREIDER, DOROTHY 3005 ROSE MARIE AVENUE TITUSVILLE, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENSENGER, CHARLES 3000 SHADOWS BAY BLVD UNIT 106 LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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: 		3.15.04 (321) 403-0576	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94036240



01262004 Chg-P CR2E034 (10/03)