

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000072529

1. Entity Name
COMPLETE FURNITURE & INTERIORS INC



Principal Place of Business
1310 WAR EAGLE BLVD
TITUSVILLE, FL 32796

Mailing Address
P.O. BOX 1167
TITUSVILLE, FL 32781-1167 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

VENUTI, LOUIS
400 ORANGE STREET
TITUSVILLE, FL 32796

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
1310 WAR EAGLE BLVD.
TITUSVILLE, FL 32796 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KENDRA Williams
1770 Windover Circle #143
Titusville, FL 32780 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KEARNS, CHRIS
337 ACOCH DRIVE
TITUSVILLE, FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STACIE L. Williams
6400 IRVING ROAD
COCOA, FL 32927 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TREIDER, DOROTHY
3005 ROSE MARIE AVENUE
TITUSVILLE, FL 32780 ☐ Delete

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400043065574
11/30/04--01038--016 **\$1.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GONZALEZ, JOSE
6209 ROYAL TRO STREET
ORLANDO, FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MCROUTY, JOSEPH
291 SHORT ST
LAKE MARY, FL 32746 ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV 30 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

