

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90289 049 \*\*\*150.00

**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**

**40010340**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3209410**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 **P** ☐ Delete  
NAME **TREIDER, MITCHELL A**  
STREET ADDRESS **1310 WAR EAGLE BLVD.**  
CITY-ST-ZIP **TITUSVILLE, FL 32796**

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

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

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

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

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

TITLE **V** ☐ Delete  
NAME **BENSENGER, CHARLES**  
STREET ADDRESS **3000 SHADOWS BAY BLVD UNIT 106**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

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

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

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

TITLE **V** ☐ Delete  
NAME **MCROUTY, JOSEPH**  
STREET ADDRESS **291 SHORT ST**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

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

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, 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, and all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/05 (321) 269-1141  
Date Daytime Phone #