

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 020 ***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**

50011081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006

Chg-P

CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 exemptions contained in Chapter 119, 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 #

4/10/06