2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000003553

1. Entity Name
TOL FURNITURE, INC.

Principal Place of Business	Mailing Address
3694 23 AVE SOUTH BAY 7 LAKE WORTH, FL 33461	3694 23 AVE SOUTH BAY 7 LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0548289
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZOGG, LEONHARD J
3694 23RD AVENUE SOUTH, BAY 7
LAKE WORTH, FL 33461

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000128990
04/26/04-80061-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZOGG, LEONHARD JR
STREET ADDRESS	3694 23 AVE SOUTH BAY 7
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	P
NAME	ZOGG, LEONHARD J
STREET ADDRESS	3694 23 AVENUE SOUTH, BAY 7
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	ST
NAME	ZOGG, LEOHNARD J
STREET ADDRESS	3694 23 AVENUE SOUTH, BAY 7
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] As Leonhard Zogg 4.22.04 5615339966
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #