

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 049 ***150.00

DOCUMENT # P95000015861 1. Entity Name CLASSICS FOREVER FURNITURE, INCORPORATED					
Principal Place of Business 16850 SO TAMiami TrL FT MYERS, FL 33908			Mailing Address 19479 SILVER OAK DR FORT MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5783 ELIZABETH ANN WAY Suite, Apt. #, etc.			
City & State Fort Myers FL		City & State Fort Myers FL		4. FEI Number 65-0562838	
Zip 33912	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIHLAR, JACK 19479 SILVER OAK DRIVE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5783 ELIZABETH ANN WAY City Fort Myers FL Zip Code 33912		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME CIHLAR, JACK		TITLE Change	NAME 5783 ELIZABETH ANN WAY	
STREET ADDRESS 19479 SILVER OAK DRIVE	CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 5783 ELIZABETH ANN WAY	CITY-ST-ZIP FORT MYERS FL 33912	
TITLE VSTD	NAME CIHLAR, AMINDA		TITLE Change	NAME 5783 ELIZABETH ANN WAY	
STREET ADDRESS 19479 SILVER OAK DRIVE	CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 5783 ELIZABETH ANN WAY	CITY-ST-ZIP FORT MYERS FL 33912	
TITLE NAME	CITY-ST-ZIP NAME		TITLE Change	NAME NAME	
STREET ADDRESS NAME	CITY-ST-ZIP NAME		STREET ADDRESS NAME	CITY-ST-ZIP NAME	
TITLE NAME	CITY-ST-ZIP NAME		TITLE Change	NAME NAME	
STREET ADDRESS NAME	CITY-ST-ZIP NAME		STREET ADDRESS NAME	CITY-ST-ZIP NAME	
TITLE NAME	CITY-ST-ZIP NAME		TITLE Change	NAME NAME	
STREET ADDRESS NAME	CITY-ST-ZIP NAME		STREET ADDRESS NAME	CITY-ST-ZIP NAME	
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: <i>Aminoa Cihlar</i>			2/9/04 590-3898		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		