

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 25, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P95000021572**

1. Entity Name

"ALL" UPHOLSTERY, INC.



Principal Place of Business

3870 HWY 441 SOUTH  
OKEECHOBEE FL 34974

Mailing Address

3870 HWY 441 SOUTH  
OKEECHOBEE FL 34974

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0603978

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

RAY, SHARON  
3870 HWY 441 SOUTH  
OKEECHOBEE FL 34974

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

*Sharon M Ray*

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 D ☐ Delete  
NAME RAY, SHARON M  
STREET ADDRESS 964 CR 721 STE. 29  
CITY-ST-ZIP LORIDA FL 33857

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000242593  
CITY-ST-ZIP 02/25/05-20005-016 150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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)(f), 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:

*Sharon M Ray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

863-7634211

Daytime Phone #