


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000033597  
1. Entity Name  
PACE FURNITURE, INC.



Principal Place of Business      Mailing Address  
4592 CHUMUCKLA HWY      4592 CHUMUCKLA HWY  
PACE, FL 32571 US      PACE, FL 32571 US

**DO NOT WRITE IN THIS SPACE**



04302004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
62-1600729      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CATES, ROBERT  
4592 CHUMUCKLA HWY.  
PACE, FL 32571

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CATES, ROBERT
STREET ADDRESS	4300 FRASIER LANE
CITY-ST-ZIP	PACE, FL 32571
TITLE	VPST
NAME	CATES, BETTY
STREET ADDRESS	4300 FRASIER LANE
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000150192  
05/03/04-80215-020 150.00

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IN THIS SPACE**

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: Betty Cates      4-30-04      850-944-3086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #