

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P96000013109

1. Entity Name
B & E CUSTOM FURNITURE, INC.



Principal Place of Business
1285 HOUSTON ST
JACKSONVILLE, FL 32204

Mailing Address
1285 HOUSTON ST
JACKSONVILLE, FL 32204



01172005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3365383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H
8810 GOODBY'S EXECUTIVE DR SUITE A
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

04/25/05-90153-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, CECIL E.,
STREET ADDRESS	325 N CHAFFEE RD
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	S
NAME	BROWN, BETTY L
STREET ADDRESS	325 N. CHAFFEE RD.
CITY- ST- ZIP	JACKSONVILLE, 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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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: Cecil E. Brown 4/19/05 904 3546333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #