## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

|  | OFF MEN CITI                              |  |
|--|---|--|
| DOCUMENT # P9600<br>1. Entity Name<br>B & E CUSTOM FURNITURE |   |  |
| Principal Place of Business                                  | Mailing Address                           |  |
| 1285 HOUSTON ST<br>JACKSONVILLE, FL 32204                    | 1285 HOUSTON ST<br>JACKSONVILLE, FL 32204 |  |

| TON ST  | 1285 HOUSTON ST  |   | <br>   | # <b># 1</b> ## <b>35</b> ## <b>35</b> ## <b>35</b> ## <b>3</b>   |  |
|---|--|---|--|---|--|
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  JOHNSON, KEITH H 8810 GOODBY'S EXECUTIVE DR SUITE A JACKSONVILLE, FL 32217 |  | CE  | 01172005 No Chg-P CR2E034 (10/03)  4. FEI Number S9-3365383 Not Applicable  5. Centificate of Status Desired S8.75 Additional Fee Required  DO NOT WRITE IN THIS SPACE   |   |  |
| tions of registered agent.  |  |   |  | in the State of Flori   | da. I am familiar with, and accept   |
| E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00   | 9. Election Campaign Finar Trust Fund Contribution.  |   |  | 11000001<br>114725, 115-1   | 290247<br>80158-004 150.00   |
| OFFICERS AND DIRI P BROWN, CECIL, E., 325 N CHAFFEE RD JACKSONVILLE, FL S BROWN, BETTY L 325 N. CHAFFEE RD. JACKSONVILLE, FL                            | ECTORS .   |   |  |   |  |
|   |  | DO NOT WRITE<br>IN THIS SPACE   |  |   |  |
| equify, that the information supplied with this   | filing does not qualify for the ave  | motion stated in Sca  | action 119.07(3\(\))   | Florida Statutes, 11  | urther certify that the information  |
|   | ON ST E, FL 32204  6. Name and Address of Current Region, KEITH H DBY'S EXECUTIVE DR SUITE A VILLE, FL 32217  Inamed entity submits this statement for the ions of registered agent.  Signalure, typed or printed name of registered agent and put agent age | 1285 HOUSTON ST E, FL 32204  1285 HOUSTON ST JACKSONVILLE, FL 32204 | 1285 HOUSTON ST E. FL 32204  1285 HOUSTON ST JACKSONVILLE, FL 32204  1285 HOUSTON ST JACKSONVILLE, FL 32204  1285 HOUSTON ST JACKSONVILLE, FL 32204  1385 HOUSTON ST JACKSONVILLE, FL 32204  1486 HOUSTON ST JACKSONVILLE, FL 32217  1587 HOUSTON ST JACKSONVILLE, FL 32217  1686 HOUSTON ST JACKSONVILLE, FL 32217  1786 HOUSTON ST JACKSONVILLE, FL 32217  1886 HOUSTON ST JACKSON J | DO NOT WRITE IN THIS SPACE  1285 HOUSTON ST JACKSONVILLE, FL 32204  DO NOT WRITE IN THIS SPACE  4. FEI Number 59-3365: 5. Certificate of  J. KEITH H DBY'S EXECUTIVE DR SUITE A VILLE, FL 32217  IN T  Parend entity submits this statement for the purpose of changing its registered office or registered agent, or both, ions of registered agent.  Styrative, typed or prince name or registered executed executed agent and size it septicates  ENOWIII FEE IS \$150.00  BY 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  PROWN, CECIL, E 325 N. CHAFFEE RD. JACKSONVILLE, FL  DO I IN T  IN T | DO NOT WRITE IN THIS SPACE  ONOT WRITE IN THIS SPACE  O1172005 No Chg-P  4. FEI Number 59-3365383 5. Centilicate of Status Desired  DO NOT WILLE, FL 32217  DO NOT WINTHIS SPACE  IN KEITH H  INDBY'S EXECUTIVE DR SUITE A  VILLE, FL 32217  IN THIS SPACE  OFFICERS AND DIRECTORS  PROWN, CECIL, E., 325 N CHAFFEE RD  JACKSONVILLE, FL  S BROWN, BETTY L  325 N CHAFFEE RD  JACKSONVILLE, FL  DO NOT WINTHIS SPACE  OFFICERS AND DIRECTORS  BROWN, BETTY L  325 N CHAFFEE RD  JACKSONVILLE, FL  DO NOT WINTHIS SPACE  OFFICERS AND DIRECTORS  DO NOT WINTHIS SPACE  DO NOT WINTHIS SPACE  OFFICERS AND DIRECTORS  DROWN, BETTY L  325 N CHAFFEE RD  JACKSONVILLE, FL  DO NOT WINTHIS SPACE  DO NOT WINTH |

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone