

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 043 ***150.00

DOCUMENT # P96000014109

1. Entity Name

UPHOLSTERY CONCEPTS, INC.



Principal Place of Business

1028 SE 12TH CT.
CAPE CORAL FL 33990

Mailing Address

1028 SE 12TH CT.
CAPE CORAL FL 33990



2. Principal Place of Business - No P.O. Box #

1028 SE 12TH CT

Suite, Apt. #, etc.

3. Mailing Address

1028 SE 12TH CT

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Cape Coral, FL

Zip 33990

Country US

City & State

Cape Coral, FL

Zip 33990

Country US

4. FEI Number

65-0697439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GREGORY A
1028 SE 12TH CT.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE PRES
NAME COLLINS, GREGORY A
STREET ADDRESS 1305 NE 15TH LN.
CITY- ST- ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE V. P.
NAME COLLINS, GWENDOLYN B
STREET ADDRESS 1305 NE 15TH LN.
CITY- ST- ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

Gregory A. Collins 2-12-07 (239-574-0111)