


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90649 046 ***150.00

DOCUMENT # P97000013478

1. Entity Name
AMERICAN OFFICE FURNITURE, INC.



Principal Place of Business Mailing Address

**856 N FEDERAL HWY
POMPANO BEACH FL 33062
US** **856 N FEDERAL HWY
POMPANO BEACH FL 33062
US**

34031433



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1751 W. Copans Rd. **1751 W. Copans Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pompano Beach FL **Pompano Beach, FL**

Zip Country Zip Country

33064 Broward **FL 33064 Broward**

4. FEI Number Applied For

65-0706941 Not Applicable

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

6. Name and Address of Current Registered Agent

**BANCROFT, MICHAEL Y JR
856 N FEDERAL HWY
POMPANO BEACH FL 33062**

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  **Michael BANCROFT JR** DATE **4/8/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	BANCROFT, MICHAEL Y JR	
STREET ADDRESS	10670 ELAND ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael y. BANCROFT JR.	
STREET ADDRESS	3480 W. Hillsboro Blvd. #201	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:  **Michael y. Bancroft Jr** DATE **4/8/04** DAYTIME PHONE # **954-942-4001**
954-650-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #