


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90172 011 \*\*\*150.00

**DOCUMENT # P97000046651**

1. Entity Name  
**CUSTOM FURNITURE LEASING OF FLORIDA, INC.**



Principal Place of Business  
**2407 N ORANGE BLOSSOM TRAIL**  
**ORLANDO, FL 32804 US 32808**

Mailing Address *3122 SHADER RD*  
**2407 N ORANGE BLOSSOM TRAIL STE A**  
**ORLANDO, FL 32804 US 32808**

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3448545**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STEILEN, TED H**  
**4627 PARKBREEZE COURT** *3465 PARKWAY CENTER*  
**ORLANDO, FL 32808**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity admits 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]* DATE *4/28/05*

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEILEN, TED H <i>3465 PARKWAY CENTER</i> 4627 PARKBREEZE COURT ORLANDO, FL 32808
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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 or without like empowered.

SIGNATURE: *[Signature]* DATE *4/28/05* 407-292-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR