

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097043

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: OAK UNLIMITED FURNITURE (1995), INC.

**Current Principal Place of Business:**

1322 MIRACLE STRIP PARKWAY  
602 PELICAN BLDG.  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

1322 MIRACLE STRIP PARKWAY  
602 PELICAN BLDG.  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 59-3426156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSSING, ROBERT F  
1322 MIRACLE STRIP PARKWAY  
602 PELICAN BLDG.  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOSSING, ROBERT F  
Address: 1322 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: STD  
Name: MOSSING, DONNA L  
Address: 1322 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F. MOSSING

PD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date