

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000000396

**1. Entity Name
OFFICE CONCEPTS & FURNITURE DESIGN, INC.**



**Principal Place of Business
118-A NW 8TH AVE
GAINESVILLE, FL 32601**

**Mailing Address
P.O. BOX 5458
GAINESVILLE, FL 32627**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

**4. FEI Number
59-3486761**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**SOUTHERLAND, CAROL W
118 NW 8TH AVE #A
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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

**U00000099634
03/31/04-80013-016 150.00**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOUTHERLAND, CAROL W
10021 SW 13 PLACE
GAINESVILLE, FL 32607**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SOUTHERLAND, BILLY O
10021 SW 13 PLACE
GAINESVILLE, FL 32607**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SOUTHERLAND, JOSEPH K
9959 NW 38TH TERRACE
BRANFORD, FL 32008**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JOSEPH K. Southerland

Date

3/29/04

Daytime Phone #

352372980