## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # P9800009101	
1. Entity Name	1

APACHE FURNITURE INCORPORATED



Principal Place of Business

Mailing Address

8220 49TH ST. NORTH PINELLAS PARK, FL 33781 8220 49TH ST. NORTH PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SP.	<b>'ACE</b>	SPA	THIS :	IN	ITE	/R	W	TC	NO	DO
--------------------------	-------------	-----	--------	----	-----	----	---	----	----	----

01282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-3489604 Not Applicable

5. Certificate of Status Desired 

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HEISLER, RONALD 8220 49TH STREET NORTH PINELLAS PARK, FL 33781

SIGNATURE: 2

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. It am naminar with, and accept the obligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable (NOTE Registe	tered Agent signature re	quired when reinstating)	DATE DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HEISLER, RONALD 8220 49TH ST. NORTH PINELLAS PARK, FL 33781				===U0000U229770		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HEISLER, ROBERT 8220 49TH ST. NORTH PINELLAS PARK, FL 33781				02/15/U5-80011-016 150.0U		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP			·	IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					where the state was the state of the state o		
12. I hereby of indicated of the corphanged	certify that the information supplied with this fi con this report or supplemental report is true a reporation or the receiver or trustee empowere , or on an attachment with an address, with al	ling does not qualify for the earn and accurate and that my sign to execute this report as red other like empowered.	exemption stated inature shall have quired by Chapte	in Section 119.07(3) the same legal effe r 607, Florida Statut	X(I), Florida Statutes, I further certify that the information act as if made under oath, that I am an officer or director les; and that my name appears in Block 10 or Block 11 if		

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR