

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015426

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** 14TH STREET FURNITURE, INC.

**Current Principal Place of Business:**

2906 NE 14TH ST  
101  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2031  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-3565148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYDIN, INGE  
275 SW 72ND PL.  
OCALA, FL 34470 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: INGE, RYDIN  
Address: 275 SW 72ND PL  
City-St-Zip: Ocala, FL 34475

Title: S ( ) Delete  
Name: RYDIN, JULIA K  
Address: 275 SW 72ND PLACE  
City-St-Zip: Ocala, FL 34475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: INGE RYDIN

P

04/30/2005

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

\_\_\_\_\_ Date