


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P98000048827 1. Entity Name M.D. UPHOLSTERY, INC. |  |
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| Principal Place of Business 1714 SW 52ND TERRACE NAPLES, FL 34116 | Mailing Address 1714 SW 52ND TERRACE NAPLES, FL 34116 |
|---|---|

DO NOT WRITE IN THIS SPACE

03232005 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 65-0840171 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WEATHERSPOON, MELANIE
1714 SOUTHWEST 52ND TERRACE
NAPLES, FL 34116

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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST WEATHERSPOON, MELANIE 1714 52ND. TERR. S.W. NAPLES, FL 34116 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WEATHERSPOON, MELANIE 1714 52ND. TERR. S.W. NAPLES, FL 34116 |
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U000000372032
07/11/05-80015-019 \$50.00

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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: Melanie Weather Spoon 7/5/05 239 455 7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone