

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000053445		
<small>1. Entity Name</small> VINCENT & SON UPHOLSTERY, INC.		
<small>Principal Place of Business</small> 3267 SOUTHSIDE BLVD. #2 JACKSONVILLE, FL 32216	<small>Mailing Address</small> 3267 SOUTHSIDE BLVD. #2 JACKSONVILLE, FL 32216	
DO NOT WRITE IN THIS SPACE		 07062004 No Chg-P CR2E034 (10/03)
<small>4. FEI Number</small> 59-3517902		<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		\$8.75 Additional Fee Required
<small>6. Name and Address of Current Registered Agent</small>		
TERESI, VINCENT 3267 SOUTHSIDE BLVD. #2 JACKSONVILLE, FL 32216		DO NOT WRITE IN THIS SPACE
<small>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</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reissuing)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees <small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
<small>TITLE</small>	D	
<small>NAME</small>	TERESI, VINCENT	
<small>STREET ADDRESS</small>	3267 SOUTHSIDE BLVD. #2	
<small>CITY-ST-ZIP</small>	JACKSONVILLE, FL 32216	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
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<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</small>		000000164263 07/08/04-80001-023 150.00
SIGNATURE: 		7/6/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>