

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000077939
 1. Entity Name
FUR REAL, INC.



FILED
 04 APR 26 PM 3:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 P.O. BOX 57 P.O. BOX 57
 LLOYD, FL 32331 US LLOYD, FL 32331 US

2. Principal Place of Business 3. Mailing Address
3940 W.W. Kelley Rd. **P.O. Box 28**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, FL **Crawfordville, FL**
 Zip Country Zip Country
32311 **US** **32326** **US**

04212004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-3531612 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MORRIS, CHRISTOPHER B
 3940 W.W. KELLEY ROAD
 TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MORRIS, CHRISTOPHER B
STREET ADDRESS	3940 W.W. KELLEY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	S <input type="checkbox"/> Delete
NAME	SUSAN R. MORRIS
STREET ADDRESS	3940 W.W. Kelley Road
CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700035822887
STREET ADDRESS	05/10/04--01081--025 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Chris Morris 4/26/04 (850) 509-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #