2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 8:00 am

DOCLI	MENT # P99000010)153		6 THE SEA		ecreta	-		
1. Entity Name UNFURNISHED FURNITURE WAREHOUSE, INC.						01-26-2005 90022 032 ***150.00			
Principal Plac	e of Business	Mailing Address					500	U666	8
7288 S. TAMIAMI TRAIL SARASOTA, FL 34231		7288 S. TAMIAMI TRAIL Sarasota, FL 34231							
2. Principal Place of Business		3. Mailing Address		{					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-P	CR2E034		
City & State		City & State		بد سعار البيس	_4. FEI Number 65-0891				plied For t Applicable
Zip	Country	Zip	Countr	у	5. Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Ag	ent	
TAL CONT	D DONALD ID			Name					
7288 S. TA	R, RONALD JR AMIAMI TRAIL	·		Street Address (P.O. Box Number is Not Acceptable)			~		
SARASUI	A, FL 34231	,		•					
•	and the second s	. • •	F	City	•	•	FL	Zip Code)
	named entity submits this statement for	or the purpose of changing its	registere	d office or regis	istered agent, or both	, in the State of Flo	rida. I am fai	miliar with,	and accept
	norta or registered agents								
SIGNATURE.	•	, and sittle if a second to	E. Danistavad	A seat almost very con-	wind when relectation)		DATE		··-
,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature requ	quired when reinstating)		DATE		
SIGNATURE.	•	9. Election Campai	ign Financ	cing _ S	\$5.00 May Be Added to Fees		DATE		
SIGNATURE.	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Cont	ign Financ	cing §	\$5.00 May Be Added to Fees	HANGES TO OFF		DIRECTORS	S IN 11
SIGNATURE. FIL After Ma	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Financ ribution.	cing §	\$5.00 May Be Added to Fees	HANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11
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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 trusted expowered 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 without address, with all other like empowered.

SIGNATURE:

Row Falconer Ir

1-20-05

(941) 924-9693

Daytime Phone #