


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 042 \*\*\*150.00

**DOCUMENT # P99000011375**

1. Entity Name  
**FLAIR FURNITURE, INC.**



Principal Place of Business      Mailing Address  
**4901 E. SILVER SPRINGS BLVD., STE. 200**      **4901 E. SILVER SPRINGS BLVD., STE. 200**  
**OCALA, FL 34470**      **OCALA, FL 34470**

**54062559**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

07012004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3556860**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LOWE, DONNA K**  
**4901 E. SILVER SPRINGS BLVD., STE. 200**  
**OCALA, FL 34470**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, DONNA K	
STREET ADDRESS	59 CREEK BLUFF WAY	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAMLIN, D. JONATHAN	
STREET ADDRESS	5555 NE 22ND AVENUE	
CITY-ST-ZIP	OCALA, FL 34479	
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		
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
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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:** W.K. Lowe      7-14-04      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR