

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000052738

1. Entity Name
BANQUET CHAIRS & COVERS, INC.



Principal Place of Business
4148 S.W. 6TH PL.
ATTN: FRANCISCO MARTIN
CAPE CORAL, FL 33914

Mailing Address
4148 S.W. 6TH PL.
ATTN: FRANCISCO MARTIN
CAPE CORAL, FL 33914

2. Principal Place of Business
4148 S.W. 6TH PL.
Suite, Apt. #, etc.
CAPE CORAL
City & State
FL

3. Mailing Address
Same
Suite, Apt. #, etc.

Zip
33914
Country
FL

Zip
Country

6. Name and Address of Current Registered Agent

MARTIN, FRANCISCO
4148 S.W. 6TH PL.
CAPE CORAL, FL 33914

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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—————

11. ——————ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN L11—————

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, FRANCISCO 4148 S.W. 6TH PL. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, YOLANDA 4148 S.W. 6TH PL. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francisco Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-05

Date

Daytime Phone #

50055791



06062005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0926709

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

Daytime Phone #