

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90227 045 ***150.00

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DOCUMENT # P99000076686 1. Entity Name FLORIDA/CAROLINA FURNITURE OUTLET INC.					
Principal Place of Business 3797 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463			Mailing Address 3797 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0943894	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRADY, WILLIAM 3797 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463				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 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRADY, GEORGE 3797 S MILITARY TRAIL LAKE WORTH, FL 33463	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADY, WILLIAM 3797 S MILITARY TRAIL LAKE WORTH, FL 33463	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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 line empowered.					
SIGNATURE: William Brady VP 4/19/05 561-963-2022					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					