


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-15-2004 90008 001 \*\*\*\*\*8.75  
 06-15-2004 90008 002 \*\*\*150.00

**DOCUMENT # P99000089746**

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



Principal Place of Business: **2583 NORTH ORANGE BLOSSOM TRAIL  
 ORLANDO, FL 32804**

Mailing Address: **2583 NORTH ORANGE BLOSSOM TRAIL  
 ORLANDO, FL 32804**

**DO NOT WRITE IN THIS SPACE**

6/15/  
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00140000



06102004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3602414** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22ND STREET  
 4TH FLOOR  
 MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD REYHANI, HESAM S 2583 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
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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 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: H.R.P. **6-21-4 407-9639579**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #