

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90071 029 ***150.00

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| | | | |
|---|--|--|---|
| DOCUMENT # S20151 1. Entity Name PALM BEACH FURNITURE COMPANY, INC. | | | |
| Principal Place of Business 6715 WHITE DR. RIVIERA BEACH, FL 33407 US | | Mailing Address 6715 WHITE DR. RIVIERA BEACH, FL 33407 US | |
| 2. Principal Place of Business 1800 Old Dixie Hwy Suite, Apt. #, etc. | | 3. Mailing Address 1800 Old Dixie Hwy Suite, Apt. #, etc. | |
| City & State Riviera Beach FL | | City & State Riviera Beach FL | |
| Zip 33404 | | Country Palm Beach | |
| 4. FEI Number 65-0232722 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACKSON, FREDERICK H 6715 WHITE DR. RIVIERA BEACH, FL 33407 | | 7. Name and Address of New Registered Agent Name -- Street Address (P.O. Box Number is Not Acceptable) 1800 Old Dixie Hwy City Riviera Beach FL Zip Code 33404 | |
| 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, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | NAME JACKSON, FREDERICK H III | TITLE C.O.O. | NAME Guido Telmosse |
| STREET ADDRESS 1262 SNOWBELL PLACE | CITY-ST-ZIP W PALM BEACH, FL 33414 | STREET ADDRESS 2531 N.W. 106th AVE | CITY-ST-ZIP OWATL Springs, FL 33065 |
| TITLE VPBD | NAME KOCH, THOMAS P | TITLE | NAME |
| STREET ADDRESS 1762 PRIMEROSE LN | CITY-ST-ZIP WELLINGTON, FL 33414 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE VPSS | NAME ROYCE, JEREMY | TITLE | NAME |
| STREET ADDRESS 139 HERITA WAY | CITY-ST-ZIP W PALM BEACH, FL 33407 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE EVPT | NAME LARMER, GRAHAM | TITLE | NAME |
| STREET ADDRESS 166 THORNTON DR | CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE VPSSA | NAME FUSCO, KATHY | TITLE | NAME |
| STREET ADDRESS 435 SW NATUCA | CITY-ST-ZIP DEERFIELD BEACH, FL 33441 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE VPF | NAME FARNEN, JANE M | TITLE | NAME |
| STREET ADDRESS 1431 WYNNE WOOD DR | CITY-ST-ZIP WEST PALM BEACH, FL 33417 | 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>1/13/04</u> Daytime Phone # _____ | |