

2005 FURNITURE REFINISHING, INC.
ANNUAL REPORT

DOCUMENT # S38244

1. Entity Name
DAVE'S FURNITURE REFINISHING, INC.



FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90100 018 ***150.00

Principal Place of Business
433 WALKER STREET BLDG 5-F
HOLLY HILL, FL 32117 US

Mailing Address *street*
433 WALKER SQUARE BLDG 5-F
HOLLY HILL, FL 32117 US



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3059392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, LUCINDA J.
433 WALKER STREET
BLDG. 5-C
HOLLY HILL, FL 32117-4997

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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBSTER, LUCINDA J. 48 KENILWORTH AVE. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBSTER, DAVID W. 48 KENILWORTH AVE. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Lucinda J. Webster* 4/08/05 (386) 253-6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #