


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # S58836 1. Entity Name UNFINISHED FURNITURE DIRECT, INC.	
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Principal Place of Business 1401 CLEARLAKE RD COCOA, FL 32922 US	Mailing Address 1401 CLEARLAKE RD COCOA, FL 32922 US
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3077953	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 WEHNER, ALAN K. 1401 CLEARLAKE RD COCOA, FL 32922
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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 _____ <small>Signature typed or printed name of registered agent and the, if applicable, (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WEHNER, ALAN 1401 CLEARLAKE RD COCOA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP WEHNER, MARGARET H. 1401 CLEARLAKE RD COCOA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T TROTTER, ZELMA 1401 CLEARLAKE RD COCOA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GAWLIK, AMY 1401 CLEARLAKE RD COCOA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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04/05/04-80063-009 150.00

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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)(f), 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: <u>Margaret H. Wehner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>MARGARET WEHNER V.P.</u> <small>Date</small>	<u>8-31-04</u> <small>Daytime Phone #</small>
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