## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **Secretary of State** DOCUMENT # \$72430 03-12-2004 90045 018 \*\*\*150.00 1. Entity Name BUCK'S UPHOLSTERY, INC. Principal Place of Business Mailing Address P O BOX 585567 ORLANDO FL 32858 418 N PINE HILLS RD ORLANDO FL 32811 66407429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3079708 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSEVELTC, WASHINGTON 418 N PINE HILLS ROAD ORLANDO FL 32811 City 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 Signature, typed or primed name of ragistered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 inu D. me Delete ☐ Change ■ Addition PANE . WASHINGTON, ROOSEVELT NAME STREET ADDRESS 418 NORTH PINE HILLS RD STREET ADDRESS OTY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 20 MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mis Delete TITLE □ Сћапаје ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 it 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 lik

FILED

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Mar 24, 2004 8:00 am



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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

March 16, 2004

BUCK"S UPHOLSTERY, INC. P O BOX 585567 ORLANDO, FL 32858 US

Subject: BUCK'S UPHOLSTERY, INC.

Reference Number: S72430

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/as ANNUAL REPORTS SECTION Mall Check IN FOR 150,000 3-6-04 CF 4 4133