# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/2

**FILED**
**Apr 09, 2007 8:00 am**
**Secretary of State**
03-27-2007 90015 044 ***150.00

DOCUMENT # 537705

1. Entity Name
CARL'S FURNITURE PLAZA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6650 N FEDERAL HWY<br>BOCA RATON FL 33487 | 6650 N FEDERAL HWY<br>BOCA RATON FL 33487 |

1st MOORE CR2E034 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1851006 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KENNEDY, BENJAMIN<br>399 W PALMETTO PK RD, #106<br>BOCA RATON FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DRAGIN, ROBERT W.<br>6810 N STATE RD, # 7<br>COCONUT GROVE FL 33073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BAKER, MYRON<br>6810 N STATE RD, # 7<br>COCONUT GROVE FL 33073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>KENNEDY, TERI B<br>6650 N. FEDERAL HWY<br>BOCA RATON FL 33487 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/T<br>BAKER, JEFF .<br>6810 N STATE RD, # 7<br>COCONUT CRK FL 33073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | PRES/TREASURER<br>BAKER, JEFF.<br>6810 N. STATE Rd #7<br>COCONUT CREEK, FL. 33073<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Carl's Furniture Plaza by _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #