

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # P04000053944			
1. Entity Name 2ND CHANCE HOME FURNISHINGS OF OKEECHOBEE, INC			
Principal Place of Business 2945 SW 3RD TERRACE OKEECHOBEE FL 34974		Mailing Address 2945 SW 3RD TERRACE OKEECHOBEE FL 34974	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 20-0953430		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 LARGE, BRUCE D 2945 SW 3RD TERRACE OKEECHOBEE FL 34974	7. Name and Address of New Registered Agent Name _____ Street Address (P O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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]* DATE **2-1-06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	ST	<input type="checkbox"/> Delete		TITLE	1100000428722	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LARGE, JIM			NAME	02/21/06-80059-009		150.00
STREET ADDRESS	2945 SW 3RD TERRACE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LARGE, BARBARA			NAME			
STREET ADDRESS	2945 SW 3RD TERRACE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LARGE, BRUCE D			NAME			
STREET ADDRESS	2945 SW 3RD TERRACE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/1/06** 863-763-6886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #