2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

TYPED OR PRON

## **Secretary of State DOCUMENT # P04000053944** 02-08-2005 90015 041 \*\*\*150.00 2ND CHANCE HOME FURNISHINGS OF OKEECHOBEE. INC Mailing Address Principal Place of Business 2945 SW 3RD TERRACE OKEECHOBEE FL 34974 66004329 2945 SW 3RD TERRACE OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 20-0953430 Applied For City & State City & State Not Applicable Zip Ζp Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bruce-4ARGE LARGE, JIM Street Address (P.O. Box Number is Not Acceptable) 2945 SW 3RD TERRACE **OKEECHOBEE FL 34974** Ciry O Kee chober Florida 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in and accept the obligations of registered agest. AN 29, 2005 SIGNATURE \_\_\_ (NOTE Represent Apent supposition remaind when resistance) FILE NOW! LPEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Secretary/TREASURE & Change | Add OFFICERS AND DIRECTORS 10. 11. TITLE TILLE ☐ Delete HARGE MALKE LARGE, JIM MAME 2945 S.W. 3d Teresce 2945 SW 3RD TERRACE STREET ADDRESS STREET ADDRESS CITY-51-22 OKEECHOBEE FL 34974 01Y-S1-ZIP Florida TITLE DIE Addition ☐ Delete HARBE D. NAME LARGE, BARBARA NAME BRUCE 2945 S.W. Bd TERRACE STREET ADDRESS 2945 SW 3RD TERRACE STREET ADDRESS 34974 CHY-ST-ZIP OKEECHOBEE FL 34974 CITY-S1-ZIP PHORIDA TITLE Change TITLE Delete ☐ Addition NÀME NAME STREET ADORESS STREET ADDRESS - 945-12-YZD CITY-ST-ZIP TITLE Delete THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CILY-ST-ZIP CITY-ST-ZIP ☐ Addition THE ☐ Delete THE Change NAME STREET ADDRESS STREET ADDRESS Q1Y-51-7P CITY-S1-ZIP Deleta ☐ Addition THILE MLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 of 19 like empowered. SIGNATURE: OG OFFICER OR DIRECTOR

FILED

Mar 11, 2005 8:00 am