## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000062047

STEVENS, RICHARD G

SATELLITE BEACH, FL 32937

465 TURTLE CIRCLE

Name:

Address:

City-St-Zip:

FILED Apr 19, 2006 Secretary of State

Entity Nai	me: 10 DAY FURNITURE MARKET, INC			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
940-S US 1 ROCKLEDGE, FL 32955		850 N. APOLLO BLVD MELBOURNE, FL 329		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
940-S US 1 ROCKLEDGE, FL 32955		850 N. APOLLO BLVD MELBOURNE, FL 329		
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		: Name and Address o	Name and Address of New Registered Agent:	
CARPENTER, BRENDA Y 1078 GLENDALE AVE NW PALM BAY, FL 32907 US		GRESKO, ABBY J 55 SEA PARK BLVD. APT. #112 SATELLITE BEACH, F	55 SEA PARK BLVD.	
	named entity submits this statement for t e of Florida.	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: ABBY GRESKO		04/19/2006	
	Electronic Signature of Registered	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete STEVENS, RICHARD G 465 TURTLE CIRCLE SATELLITE BEACH, FL 32937	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete STEVENS, RICHARD G 465 TURTLE CIRCLE SATELLITE BEACH, FL 32937	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete STEVENS, RICHARD G 465 TURTLE CIRCLE SATELLITE BEACH, FL 32937	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ABBY GRESKO MISS 04/19/2006