

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H60693

1. Entity Name
FURNITURE, INC.



Principal Place of Business
**FURNITURE CLEARANCE CENTER
304 NE RACETRACK RD
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**FURNITURE CLEARANCE CENTER
36 WALTER MARTIN AVENUE
FORT WALTON BEACH, FL 32548 US**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2566530

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STIR, LESLIE
36 WALTER MARTIN AVENUE
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STIR, LESLIE 36 WALTER MARTIN FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STIR, RUTH 36 WALTER MARTIN FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STIR, MARK 36 WALTER MARTIN RD FORT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/08-80075-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.

SIGNATURE: Mark Stir April 8, 2008 850-244-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #