

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60693

Entity Name: FURNITURE, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

FURNITURE CLEARANCE CENTER
304 NE RACETRACK RD
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

FURNITURE CLEARANCE CENTER
36 WALTER MARTIN RD NE
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

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

New Mailing Address:

FURNITURE CLEARANCE CENTER
36 WALTER MARTIN RD NE
FORT WALTON BEACH, FL 32548 US

FEI Number: 59-2566530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: STIR, LESLIE,
Address: 36 WALTER MARTIN
City-St-Zip: FT WALTON BCH, FL

Title: P () Delete
Name: STIR, RUTH,
Address: 36 WALTER MARTIN
City-St-Zip: FT WALTON BEACH, FL

Title: VP () Delete
Name: STIR, MARK
Address: 36 WALTER MARTIN RD
City-St-Zip: FORT WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARK STIR

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date