


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 165397


1. Entity Name
BADCOCK'S ECONOMY FURNITURE STORE, INC.



Principal Place of Business Mailing Address

3931 RCA BOULEVARD **3931 RCA BOULEVARD**
3122 **3122**
PALM BEACH GARDENS, FL 33410 **PALM BEACH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0656261	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABER, JOHN W
3931 RCA BLVD, STE 3122
PALM BEACH GARDENS, FL 33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	S PARASMO, JANET B. 805 HARBOR ISLES PL NORTH PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BABER, EVELYN M 851 COUNTRY CLUB CT N PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BABER, JOHN W. 12104 N EDGEWATER DR PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, SHARON B. 5489 SEA BISCUIT RD. PALLM BCH. GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARASMO, JANET B 805 HARBOR ISLES PLACE NORTH PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/17/08-80038-002 158.75

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 all other like empowered.

SIGNATURE: *Janet B. Parasmo* **JANET B. PARASMO** 1/7/08 561-694-8588

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