

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 330784

1. Entity Name
BAER'S FURNITURE CO., INC.



FILED

2007 AUG 16 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1589 NORTHWEST 12TH AVENUE
POMPANO BEACH, FL 33069

Mailing Address
1589 NORTHWEST 12TH AVENUE
POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1212401

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAER, JEROME I
1589 NW 12TH AVE
POMPANO, FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BAER, ALLAN E.
STREET ADDRESS 1589 NW 12TH AVE
CITY-ST-ZIP POMPANO, FL 33069

TITLE AS ☐ Change ☒ Addition
NAME ELAINE BAER
STREET ADDRESS 1589 NW 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VDM ☐ Delete
NAME BAER, ROBERT M.
STREET ADDRESS 1589 NW 12TH AVE
CITY-ST-ZIP POMPANO, FL 33069

TITLE V ☐ Change ☒ Addition
NAME IRA J. BAER
STREET ADDRESS 1589 NW 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE V ☐ Delete
NAME BAER, RONALD W
STREET ADDRESS 1589 NW 12TH AVE
CITY-ST-ZIP POMPANO, FL 33069

TITLE V ☐ Change ☐ Addition
NAME LAURANCE E. BAER
STREET ADDRESS 1589 NW 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE V ☐ Delete
NAME BAER, JEROME I
STREET ADDRESS 1589 NW 12TH AVE
CITY-ST-ZIP POMPANO, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500108749935
CITY-ST-ZIP 08/29/07--01011--014 **\$61.25

TITLE S ☐ Delete
NAME HAUBENSTOCK, CATHERINE
STREET ADDRESS 1589 NW 12TH AVE
CITY-ST-ZIP POMPANO, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BAER, MICHAEL
STREET ADDRESS 1589 NW 12TH AVE
CITY-ST-ZIP POMPANO, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten signature]