

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 349860

1. Entity Name
PLANT FURNITURE INC



Principal Place of Business
**705 E. ALSOBROOK ST.
PLANT CITY FL 33566
US**

Mailing Address
**2895 HAMMOCK DRIVE
PLANT CITY FL 33566
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1270427**

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

**SPARKMAN, BETTY H.
2895 HAMMOCK DRIVE
PLANT CITY FL 33567**

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

Betty H. Sparkman

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPARKMAN, BETTY H.	
STREET ADDRESS	2895 HAMMOCK DRIVE	
CITY- ST- ZIP	PLANT CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SINGLETON, KALYNN	
STREET ADDRESS	2895 HAMMOCK DRIVE	
CITY- ST- ZIP	PLANT CITY FL 33566	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CARSON, LEI ANN	
STREET ADDRESS	2895 HAMMOCK DRIVE	
CITY- ST- ZIP	PLANT CITY FL 33566	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNETT, SHARI J	
STREET ADDRESS	2895 HAMMOCK DRIVE	
CITY- ST- ZIP	PLANT CITY FL 33566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPARKMAN, RODNEY M	
STREET ADDRESS	2895 HAMMOCK DRIVE	
CITY- ST- ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/23/07-80062-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert M. Sparkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

813-754-2431

Date

Daytime Phone #