

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000006259

1. Entity Name
FURNITURE FACTORS, INC.



Principal Place of Business
**124 S. THOMAS ST., STE D
TUPELO, MS 38801**

Mailing Address
**PO BOX 2084
TUPELO, MS 38803-2084**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0757414

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, PAUL A
4300 BAYOU BLVD., STE 13
PENSACOLA, FL 32503**

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1000000312000
04/18/05-80064-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD ROBBINS, KEN 124 S. THOMAS ST., STE D TUPELO, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUTLER, JUDY 124 S. THOMAS ST., STE D TUPELO, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREVARD, HENRY PO BOX 407 TUPELO, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURRUS, SWAN 2509 LAKESHIRE DR. TUPELO, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREVARD, HENRY P.O. BOX 407 TUPELO, MS 38802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGE, FRED 5221-A CLIFF GOOKIN BLVD TUPELO, MS

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph K. Robbins **Joseph K. Robbins** 04-14-05 662-680-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #