

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # H60693 1. Entity Name FURNITURE, INC.	
---	---

Principal Place of Business FURNITURE CLEARANCE CENTER 304 NE RACETRACK RD FORT WALTON BEACH, FL 32547 US	Mailing Address FURNITURE CLEARANCE CENTER 36 WALTER MARTIN AVENUE FORT WALTON BEACH, FL 32548 US
--	--



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566530	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STIR, LESLIE 36 WALTER MARTIN AVENUE FORT WALTON BEACH, FL 32548

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	ST STIR, LESLIE 36 WALTER MARTIN FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STIR, RUTH 36 WALTER MARTIN FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STIR, MARK 36 WALTER MARTIN RD FORT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000411640
02/10/06-80015-007 150.00

DO NOT WRITE IN THIS SPACE

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: 	1-25-06	850-244-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Overtime Phone #

Mark Stir