

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L37058

1. Entity Name
ALLEN BOONE'S UPHOLSTERY, INC.



Principal Place of Business
ALLEN BOONE'S UPH, INC.
704 9TH ST. S
JACKSONVILLE BEACH, FL 32250

Mailing Address
ALLEN BOONE'S UPH, INC.
704 9TH ST. S
JACKSONVILLE BEACH, FL 32250



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2980853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B., JR.
1 INDEPENDENT DRIVE
2600
JACKSONVILLE, FL 32202

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

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	TS
NAME	BOONE, ALLEN J., JR.
STREET ADDRESS	604 N. 3RD ST.
CITY-ST-ZIP	JACKSONVILLE BCH, FL

TITLE	P
NAME	BOONE, STEPHEN L.
STREET ADDRESS	604 N THIRD ST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	T
NAME	BOONE, ALLEN J., JR.
STREET ADDRESS	604 N. 3RD ST.
CITY-ST-ZIP	JACKSONVILLE BCH, FL

TITLE	V
NAME	BOONE, ERNESTINE L.
STREET ADDRESS	604 N 3RD ST.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06
Date

904-249-8821
Daytime Phone #