

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040931

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** FURNITURE CONCEPTS FOR LESS, INC.

**Current Principal Place of Business:**

P.O. BOX 5035  
NICEVILLE, FL 32578

**New Principal Place of Business:**

410 OLDE POST ROAD  
NICEVILLE, FL 32578

**Current Mailing Address:**

P.O. BOX 5035  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-3714643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CATO, K. GLENDA  
4423 SOUTH MINSTER CIRCLE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

CATO, K. GLENDA  
410 OLDE POST RD  
NICEVILLE, FL 32578 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/02/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CATO, K. GLENDA  
Address: P.O. BOX 5035  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CATO, K. GLENDA  
Address: 410 OLDE POST RD  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. GLENDA CATO

PRES

04/02/2007

Electronic Signature of Signing Officer or Director

Date