

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90031 011 \*\*\*150.00

**DOCUMENT # P01000086847.**

1. Entity Name

SECOND CHANCE HOME FURNISHINGS, INC.



Principal Place of Business

2947 SW 3RD TERR.  
OKEECHOBEE FL 34974

Mailing Address

2947 SW 3RD TERR.  
OKEECHOBEE FL 34974

2. Principal Place of Business

2945 SW 3d Terrace

Suite, Apt. #, etc.

3. Mailing Address

2945 S.W. 3d Terrace

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Okeechobee Fla

City & State

Okeechobee Fla

4. FEI Number

65-1136292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEHLE, KAREN  
2947 SW 3RD TERR.  
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

JAMES I LARGE

Street Address (P.O. Box Number is Not Acceptable)

2945 S.W. 3d TERRACE

City

Okeechobee

FL

Zip Code

34974

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

*James I Large*

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

(NOTE: Registered Agent signature required when reinstating)

JAN 23, 2004

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 D ☒ Delete  
NAME GEHLE, KAREN  
STREET ADDRESS 84 MAPLE ST.  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☒ Delete  
NAME GEHLE, RICHARD  
STREET ADDRESS 84 MAPLE ST.  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME James I Large  
STREET ADDRESS 1517 S.W. 35th Circle  
CITY-ST-ZIP Okeechobee Florida 34974

TITLE ☒ Change ☐ Addition  
NAME BARBARA S. Large  
STREET ADDRESS 1517 S.W. 35th Circle  
CITY-ST-ZIP Okeechobee Florida 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James I Large*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23, 2004 763-6886

Date

Daytime Phone #