

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000018657

1. Entity Name
PRICE CUTTER FURNITURE INC.



Principal Place of Business
1105 N. TAMiami TRAIL
NORTH FT. MYERS, FL 33903

Mailing Address
1105 N. TAMiami TRAIL
NORTH FT. MYERS, FL 33903

**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90219 009 ***150.00



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0560824	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILCOX, MARGUERITE
1105 N. TAMiami TRAIL
NORTH FT. MYERS, FL 33903

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	S WILCOX, JEFFREY M 5980 DICKENSON CT. NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, MARGUERITE 12513 RIVER RD. S.E. FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILCOX, TIMOTHY M 1915 MARAVILLA AVE. #9 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Timothy M. Wilcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2407

Date

239 997-6400

Daytime Phone #