

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000060920

1. Entity Name
CIRCLE K FURNITURE, INC.



Principal Place of Business
239 JONES RD.
JACKSONVILLE, FL 32220

Mailing Address
239 JONES RD.
JACKSONVILLE, FL 32220



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0713036

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YONG, FRANK J
4570 ST JOHNS AVE STE 1A
JACKSONVILLE, FL 32210

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000830296
02/26/08-80078-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PP
NAME KITTRELL, THOMAS J
STREET ADDRESS 239-4 JONES RD
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE S
NAME STRICKLAND, SUSAN
STREET ADDRESS 8094 GRAYBAR PL
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE T
NAME KITTRELL, DANA
STREET ADDRESS 239-4 JONES RD
CITY-ST-ZIP JACKSONVILLE, FL 32220

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:

Dana Kittrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

Date

944-781-1079

Daytime Phone #