


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90013 010 ***150.00

DOCUMENT # P03000018549 1. Entity Name FURNITURE PLUS BED CITY INC.			
Principal Place of Business 3388 W. NEW HAVEN AVE., W. MELBOURNE, FL 32904		Mailing Address 3388 W. NEW HAVEN AVE., W. MELBOURNE, FL 32904	
2. Principal Place of Business - No P.O. Box # 700 ATLANTIS ROAD Suite, Apt. #, etc. #301		3. Mailing Address P.O. Box 121793 Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State W. MELBOURNE, FL	
Zip 32904		Zip 32912-1793	
Country USA		Country USA	
6. Name and Address of Current Registered Agent JENKINS, PAULA 3388 W. NEW HAVEN AVE., W. MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name PAULA JENKINS Street Address (P.O. Box Number is Not Acceptable) 700 ATLANTIS ROAD UNIT #301 City MELBOURNE	
State FL		Zip Code 32904	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME JENKINS, PAULA	TITLE P	NAME JENKINS, PAULA
STREET ADDRESS 3388 W NEW HAVEN AVE.	CITY-ST-ZIP MELBOURNE, FL 32904	STREET ADDRESS 700 ATLANTIS ROAD, UNIT #301	CITY-ST-ZIP MELBOURNE, FL 32904
CITY-ST-ZIP MELBOURNE, FL 32904	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Paula K. Jenkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/5/07</u> Daytime Phone #: <u>(321) 674-7600</u>	

40030817



01192007 Chg-P CR2E034 (12/06)

4. FEI Number
42-1580618
Applied For
Not Applicable

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