2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-08-2005 90015 041 ***150.00

DOCUMENT # P04000053944

1. Entity Name

2ND CHANCE HOME FURNISHINGS OF OKEECHOBEE, INC

Principal Place of Business	Mailing Address
2945 SW 3RD TERRACE OKEECHOBEE FL 34974	2945 SW 3RD TERRACE OKEECHOBEE FL 34974

66004329

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0953430 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LARGE, JIM
2945 SW 3RD TERRACE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name Bruce D. Large
Street Address (P.O. Box Number is Not Acceptable) 2945 S.W. 3d TERRACE
City Okeechobee Florida 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 [signature] Jan 29, 2005
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, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	LARGE, JIM		NAME	Jim Large	
STREET ADDRESS	2945 SW 3RD TERRACE		STREET ADDRESS	2945 S.W. 3d Terrace	
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP	Okeechobee Florida 34974	
TITLE	V	☐ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	LARGE, BARBARA		NAME	BRUCE D. LARGE	
STREET ADDRESS	2945 SW 3RD TERRACE		STREET ADDRESS	2945 S.W. 3d Terrace	
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP	Okeechobee Florida 34974	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jim Large Jan 29, 2005 863-763-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #