

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056847

**FILED**  
**Mar 31, 2006**  
**Secretary of State**

**Entity Name:** BYGONZ CONSIGNMENT FURNITURE GALLERY, INC.

**Current Principal Place of Business:**

25241 BERNWOOD DR SUITE 3  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

25241 BERNWOOD DRIVE  
SUITE #3  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

25241 BERNWOOD DR SUITE 3  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

25241 BERNWOOD DRIVE  
SUITE #3  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-2780028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GREEN, BRUCE D  
1520 ROYAL PALM SQUARE BLVD SUITE 320  
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

POTTS, LORA A P  
25241 BERNWOOD DRIVE  
SUITE #3  
BONITA SPRINGS, FL 34135 US

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.

**SIGNATURE:** LORA A. POTTS

03/31/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** POTTS, LORA  
**Address:** 25241 BERNWOOD DR SUITE 3  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** POTTS, LORA A P  
**Address:** 17420 STERLING LAKE DRIVE  
**City-St-Zip:** FT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LORA A. POTTS

P

03/31/2006

Electronic Signature of Signing Officer or Director

Date