


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 009 ***150.00

DOCUMENT # P05000071996	
1. Entity Name STELLAR FURNITURE CONCEPTS CORP	

Principal Place of Business 2201 52ND LANE SW NAPLES, FL 34116-6833	Mailing Address 2201 52ND LANE SW NAPLES, FL 34116-6833
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2. Principal Place of Business 181 E PINE RIDGE LN Suite, Apt. #, etc.	3. Mailing Address PO BOX 157 Suite, Apt. #, etc.
City & State FISHER PA 16225	City & State FISHER PA 16225
Zip 16225	Country

40000417M



05042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2855025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOUSKO, DEBRA F 2201 52ND LANE SW NAPLES, FL 34116-6833	7. Name and Address of New Registered Agent Name J MCGLONE INC Street Address (P.O. Box Number is Not Acceptable) 5571-A HUNTER BLVD City NAPLES FL Zip Code 34116
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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 J McGLONE INC **J MCGLONE INC** **5/17/06**
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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D YOUSKO, DANIEL 2201 52ND LANE SW NAPLES, FL 341166833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 157 FISHER PA 16225
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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: Daniel Yousko **DANIEL YOUSKO, PRES** **5/22/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #