


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90024 002 ***150.00

DOCUMENT # P06000023736 1. Entity Name BANKS USED FURNITURE, INC.			
Principal Place of Business 17998 NW HIGHWAY 19 FANNING SPRINGS, FL 32693		Mailing Address 17998 NW HIGHWAY 19 FANNING SPRINGS, FL 32693	
2. Principal Place of Business - No P.O. Box # 14298 NW Hwy 19 Suite, Apt. #, etc.		3. Mailing Address 14298 NW Hwy 19 Suite, Apt. #, etc.	
City & State Chiefland		City & State Chiefland	
Zip 32626		Zip 32626	
Country levy		Country levy	
6. Name and Address of Current Registered Agent SHREVE, MARTIN L 17998 NW HIGHWAY 19 FANNING SPRINGS, FL 32693		7. Name and Address of New Registered Agent Name Martin L. Shreve Street Address (P.O. Box Number is Not Acceptable) 14298 NW Hwy 19 City Chiefland FL Zip Code 32626	
4. FEI Number 20-4268960 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE: <u><i>M Martin L Shreve</i></u> Signature, typed or printed name of registered agent and title if applicable.		DATE: <u>4/10/07</u> (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PS SHREVE, MARTIN L 17998 NW HIGHWAY 19 FANNING SPRINGS, FL 32693	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Shreve, Martin L. 14298 NW Hwy 19 Chiefland, Fla. 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>M Martin L Shreve</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>4/10/07</u> Daytime Phone #: <u>752 490-0990</u>	

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