


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-12-2007 90024 002 \*\*\*150.00

<b>DOCUMENT # P06000023736</b> 1. Entity Name <b>BANKS USED FURNITURE, INC.</b>			
Principal Place of Business <b>17998 NW HIGHWAY 19                  FANNING SPRINGS, FL 32693</b>		Mailing Address <b>17998 NW HIGHWAY 19                  FANNING SPRINGS, FL 32693</b>	
2. Principal Place of Business - No P.O. Box # <b>14298 NW Hwy 19</b> Suite, Apt. #, etc.		3. Mailing Address <b>14298 NW Hwy 19</b> Suite, Apt. #, etc.	
City & State <b>Chiefland</b>		City & State <b>Chiefland</b>	
Zip <b>32626</b>		Zip <b>32626</b>	
Country <b>levy</b>		Country <b>levy</b>	
6. Name and Address of Current Registered Agent <b>SHREVE, MARTIN L                  17998 NW HIGHWAY 19                  FANNING SPRINGS, FL 32693</b>		7. Name and Address of New Registered Agent Name <b>Martin L. Shreve</b> Street Address (P.O. Box Number is Not Acceptable) <b>14298 NW Hwy 19</b> City <b>Chiefland</b> <b>FL</b> Zip Code <b>32626</b>	
4. FEI Number <b>20-4268960</b> Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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: <u><i>M Martin L Shreve</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/10/07</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>SHREVE, MARTIN L</b> <input type="checkbox"/> Delete <b>17998 NW HIGHWAY 19</b> <b>FANNING SPRINGS, FL 32693</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>Shreve, Martin L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14298 NW Hwy 19</b> <b>Chiefland, Fla. 32626</b>
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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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
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
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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