


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 Chief land Zip 32626		City & State Chief land Zip 32626		4. FEI Number 20-4268960	
Country Levy		Country Levy		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Chief land FL Zip Code 32626	
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>Martin L. Shreve</i></u> DATE <u>4/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 Chief land, 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	
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	
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>Martin L. Shreve</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/10/07</u> Daytime Phone # <u>752 490-0990</u>		