


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000089111		
1. Entity Name FROM START TO FURNISHED, INC.		
Principal Place of Business 223 W. ALEXANDER ST. PLANT CITY, FL 33563	Mailing Address 223 W. ALEXANDER ST. PLANT CITY, FL 33563	



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5123552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALTAMORE, RODNEY
1749 BROOKSTONE WAY
PLANT CITY, FL 33566**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000928181

05/21/08-80018-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ALTAMORE, HOLLY 1747 BROOKSTONE WAY PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTAMORE, HOLLY 1747 BROOKSTONE WAY PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV ALTAMORE, RODNEY 1747 BROOKSTONE WAY PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ALTAMORE, RODNEY 1747 BROOKSTONE WAY PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY ALTAMORE

Date

4/24/08

Daytime Phone #

813-754-1343