

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000130392

FILED
Apr 14, 2008
Secretary of State

Entity Name: FURNITURE PLUS TOUCHUP&REPAIR INC

Current Principal Place of Business:

23231 CLUB VILLAS DR
LAND O LAKES, FL 34639

New Principal Place of Business:

23231 CLUB VILLAS DR
LAND O LAKES, FL 34639 US

Current Mailing Address:

23231 CLUB VILLAS DR
LAND O LAKES, FL 34639

New Mailing Address:

23231 CLUB VILLAS DR
LAND O LAKES, FL 34639 US

FEI Number: 20-5704306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, FRANKLIN T
5324 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIVINGSTON, JOHN T
Address: 23231 CLUB VILLAS DR
City-St-Zip: LAND O LAKES, FL 34639 US

Title: T () Delete
Name: LIVINGSTON, JOHN T
Address: 23231 CLUB VILLAS DR
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T LIVINGSTON

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date