


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 01, 2004 8:00 am
Secretary of State

06-16-2004 90011 045 ***150.00
 07-01-2004 90001 032 ***400.00

DOCUMENT # P92000007295
 1. Entity Name
BARGAINS FURNITURE OUTLET, INC.



Principal Place of Business: **78 S HIGHWAY 17-92 DEBARY FL 32713**
 Mailing Address: **78 S HIGHWAY 17-92 DEBARY FL 32713**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: Zip Country



MOORE CR2E034 (11/03)

4. FEI Number: **59-3155887** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
PERTLER, SHARON L
251 LAKEWOOD DR.
DEBARY FL 32713

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	PERTLER, SHARON L 251 LAKEWOOD DR DEBARY FL 32713	TITLE:	
TITLE: VP	PERTLER, FREDRICK R 251 LAKEWOOD DR. DEBARY FL 32713	TITLE:	
TITLE:		TITLE:	
TITLE:		TITLE:	
TITLE:		TITLE:	
TITLE:		TITLE:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment.

SIGNATURE: *[Signature]* **4/25/04** **386-665-9575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #