


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000026223

1. Entity Name
KEYS FURNITURE NOW, INC.



Principal Place of Business
**1757 OVERSEAS HWY
 MARATHON, FL 33050**

Mailing Address
**1429 N. KROME AVE
 % FURNITURE NOW
 FLORIDA CITY, FL 33034 US**

DO NOT WRITE IN THIS SPACE

(P94000026223P)

02022008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0106974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELWELL, ROSS
 1757 OVERSEAS HWY
 MARATHON, FL 33050**

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 _____ (NOTE: Registered Agent signature required when reappointing) 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

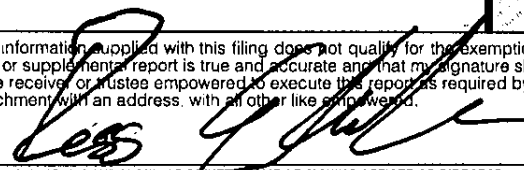
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELWELL, ROSS 1757 OVERSEAS HWY MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELWELL, JANICE 1757 OVERSEAS HWY MARATHON, FL
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 03/21/08-80048-023 150.00

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 signatures.

SIGNATURE:  **2/27/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #