


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90048 016 \*\*\*150.00

<b>DOCUMENT # P97000039230</b> 1. Entity Name <b>BEACH BARN WHOLESALE FURNITURE, INC.</b>			
Principal Place of Business <b>20520 BACK BEACH ROAD PANAMA CITY BCH FL 32413</b>		Mailing Address <b>20520 BACK BEACH ROAD PANAMA CITY BCH FL 32413</b>	
2. Principal Place of Business <i>PKWY</i> <b>20720 Panama City Bch</b>		3. Mailing Address <i>PKWY</i> <b>20720 Panama City Bch</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Panama City Bch FL</b>		City & State <b>Panama City Bch FL</b>	
Zip <b>32413</b>		Zip <b>32413</b>	
Country <b>Bay</b>		Country <b>Bay</b>	
6. Name and Address of Current Registered Agent  <b>CRENSHAW, RICHARD CLARK 432 YORK STREET GULF BREEZE FL 32561</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PS</b>	NAME <b>PHILLIPS, WILLIAM L</b>	TITLE 	NAME 
STREET ADDRESS <b>804 DOWNTOWNER BLVD.</b>	CITY-ST-ZIP <b>MOBILE AL 36609</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>VPT</b>	NAME <b>PHILLIPS, CHARLES B</b>	TITLE 	NAME 
STREET ADDRESS <b>111 BEVERLY COURT</b>	CITY-ST-ZIP <b>MOBILE AL 36604</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>D</b>	NAME <b>PHILLIPS, GAYLE C</b>	TITLE 	NAME 
STREET ADDRESS <b>804 DOWNTOWNER BLVD.</b>	CITY-ST-ZIP <b>MOBILE AL 36609</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>D</b>	NAME <b>PHILLIPS, CHERYL T</b>	TITLE 	NAME 
STREET ADDRESS <b>111 BEVERLY COURT</b>	CITY-ST-ZIP <b>MOBILE AL 36609</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** *S. L. M. all*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-27-06*

Date

Daytime Phone #