

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90030 040 \*\*\*150.00

**DOCUMENT # P97000044636**

1. Entity Name

ALLGOOD'S FURNITURE INC.



Principal Place of Business

1120 MISSISSIPPI AVE.  
LYNN HAVEN FL 32444

Mailing Address

1120 MISSISSIPPI AVE.  
LYNN HAVEN FL 32444

04040001



MOORE

CR2E034 (11/03)

2. Principal Place of Business

103 W 15th ST

Suite, Apt. #, etc.

3. Mailing Address

103 W 15th ST

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32401

Country

USA

Zip

32401

Country

USA

4. FEI Number

65-0790386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLGOOD, CATHERINE D  
1008 W 11TH CT  
PANAMA CITY FL 32401

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

*Catherine D. Allgood*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-2-04

DATE

**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

TITLE P ☐ Delete  
NAME ALLGOOD, GERALD B  
STREET ADDRESS 1421 WILDRIDGE RD  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE VP ☐ Delete  
NAME ALLGOOD, BETTY L  
STREET ADDRESS 1421 WILDRIDGE RD  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ST ☐ Delete  
NAME ALLGOOD, CATHERINE D  
STREET ADDRESS 1008 W 11TH CT  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE

*Catherine D. Allgood* CATHERINE D. ALLGOOD

Date

3-2-04 850-271-3551

Daytime Phone #