


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P97000044636                    |  |
| 1. Entity Name<br>ALLGOOD'S FURNITURE INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>103 WEST 15TH ST.<br>PANAMA CITY, FL 32401 | Mailing Address<br>103 WEST 15TH ST.<br>PANAMA CITY, FL 32401 |
|---|---|



01042005 No Chg-P CR2E034 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0790386 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**6. Name and Address of Current Registered Agent**

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

**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: Catherine D. Allgood Secretary DATE: 1-4-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ALLGOOD, GERALD B<br>1421 WILDRIDGE RD<br>LYNN HAVEN, FL 32444   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ALLGOOD, BETTY L<br>1421 WILDRIDGE RD<br>LYNN HAVEN, FL 32444   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ALLGOOD, CATHERINE D<br>1008 W 11TH CT<br>PANAMA CITY, FL 32401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1-4-05 850-271-3551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #