


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90032 032 ***150.00

DOCUMENT # P97000044636 1. Entity Name ALLGOOD'S FURNITURE INC.			
Principal Place of Business 103 WEST 15TH ST. PANAMA CITY, FL 32401		Mailing Address 103 WEST 15TH ST. PANAMA CITY, FL 32401	
2. Principal Place of Business 103 WEST 15th ST Suite, Apt. #, etc.		3. Mailing Address 103 WEST 15th ST Suite, Apt. #, etc.	
City & State Panama City, FL		City & State Panama City, FL	
Zip 32401		Zip 32401	
Country USA		Country USA	
4. FEI Number 65-0790386		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name CATHERINE D. ALLGOOD Street Address (P.O. Box Number is Not Acceptable) 1008 W 11th CT City PANAMA CITY FL Zip Code 32401	
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 <i>Catherine D. Allgood</i> 1-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME ALLGOOD, GERALD B STREET ADDRESS 1421 WILDRIDGE RD CITY-ST-ZIP LYNN HAVEN, FL 32444	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GERALD B. ALLGOOD STREET ADDRESS 1421 WILDRIDGE RD CITY-ST-ZIP LYNN HAVEN, FL 32444
TITLE VP	<input type="checkbox"/> Delete NAME ALLGOOD, BETTY L STREET ADDRESS 1421 WILDRIDGE RD CITY-ST-ZIP LYNN HAVEN, FL 32444	TITLE SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BETTY L ALLGOOD STREET ADDRESS 1421 WILDRIDGE RD CITY-ST-ZIP LYNN HAVEN, FL 32444
TITLE ST	<input type="checkbox"/> Delete NAME ALLGOOD, CATHERINE D STREET ADDRESS 1008 W 11TH CT CITY-ST-ZIP PANAMA CITY, FL 32401	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CATHERINE D. ALLGOOD STREET ADDRESS 1008 W 11th CT CITY-ST-ZIP PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE: <i>Catherine D. Allgood</i> CATHERINE D. ALLGOOD		Date 1-21-06 Daytime Phone # 850-271-3551	