

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000058438**

1. Entity Name

**BROOKSVILLE FURNITURE, INC.**



Principal Place of Business  
**350 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601**

Mailing Address  
**350 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

4. FEI Number **59-3456046**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHELPS, SHELIA S  
350 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601**

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

Agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHELPS, HENRY G JR.	
STREET ADDRESS	836 VILLAGE DR	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHELPS, SHELIA S	
STREET ADDRESS	836 VILLAGE DR	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000217478  
02/07/05-80027-005 150.00

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:

*Shelia Phelps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05

Date

(352) 754-9309

Daytime Phone #