

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3456046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PHELPS, HENRY G JR.
STREET ADDRESS	1235 AMBER CT
CITY-ST-ZIP	BROOKSVILLE, FL 34601

TITLE	D
NAME	PHELPS, SHELIA S
STREET ADDRESS	1235 AMBER CT
CITY-ST-ZIP	BROOKSVILLE, FL 34601

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000695813  
04/17/07-80075-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-5-07 (352) 754-9309