


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 008 ***150.00

DOCUMENT # P97000058461

1. Entity Name
FURNITURE EXCHANGE COMPANY



Principal Place of Business Mailing Address
6092 S CONGRESS AVE **6092 S CONGRESS AVE**
B **B**
LAKE WORTH FL 33462 **LAKE WORTH FL 33462**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
65-0765627 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NEERING, JOHN
6434 TERRA ROSA CIR
BOYNTON BEACH FL 33437
11705 Preservation Ln
Boca Raton FL 33498

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 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEERING, JOHN	
STREET ADDRESS	6434 TERRA ROSA CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEELING, JUSTINE M	
STREET ADDRESS	12227 KINGS KNIGHT WAY # 304	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11705 Preservation Ln	
CITY-ST-ZIP	Boca Raton FL 33498	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11705 Preservation Ln	
CITY-ST-ZIP	Boca Raton FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John R. Neering* **John R. Neering** Pres 2-21-08 561-964-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #