QW: FILING FEE AFTER MAY 1ST IS \$550.00

PRÖFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067033

1. Corporation Name

ONCE AGAIN HOME FURNISHINGS & ACCESSORIES, INC.

Principal Place of Business

12721: MCGREGOR BLVD

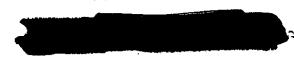
Mailing Address

12721 MCGREGOR-BLVD

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2: Principal P	lace of Business	2a. Mail	2a. Mailing Address				4	4. FEI Number					Ap	plied For		
21		26	26				65-0	773556				No	t Applicable			
Suite, Apt.	#, etc.	-Sult	e, Apt. #, etc.		•	-	5.	. Certifo	ate of St	atus Desire	ed . 🗆	-		Additional		
22 /	<u> </u>	27										Fee Re	quired			
City & Stat	e	<u>⊢</u> -	City & State				6.	6. Election Campaign Financing \$5.00 May Be								
			8						Fund Cor				Added t	o Fees		
Zip	Country	Zíp	ŗ	Countr	У		8.				current year Ir		r			
24 25 29 29 9. Name and Address of Current Registered Agent					30				Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent							
	5. Name and Address C	n Current Registered	Agent	8	1	Name		. Name	and Adi	Iress of 14	ew Registered	Ayen				
DON	IALDSON, CAROL					1101110										
	1 MCGREGOR BLVD	-	82 Street			Street A	Address (P.O. Box Number is Not Acceptable)									
FT N	IYERS FL 33919			83	+				·							
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	•		,	84	4	City					FI	85	Zip (Code		
agent. I a	egistered agent, or both, in t m familiar with, and accept to Signature, typed or printed name of re-	ne obligations of, Sect	ion 607.0505, Flor	ida Statute	s.		e de la companya de l				DATE					
12.	OFFIC	ERS AND DIRECTOR	RS :	13.			10-25-2	ADDITI	ONS/CH/	NGES TO	OFFICERS A	ND DIF	RECTO	RS IN 12		
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP