

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004189

**Entity Name:** FURNITURE CARE PROTECTION, INC**Current Principal Place of Business:**609 SOUTH KELLY AVE SUITE E-8  
EDMOND, OK 73003**Current Mailing Address:**609 SOUTH KELLY AVE SUITE E-8  
EDMOND, OK 73003 US**FEI Number:** 27-3443565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	HALL, DAVID W
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

Title	PRESIDENT
Name	MINNICK, DANIEL A
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

Title	DV
Name	HAMMOND, CLAYTON
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

Title	SECRETARY
Name	STAPLETON, KATHY
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHY STAPLETON**SECRETARY****01/02/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date