

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 036 ***150.00

DOCUMENT # 333666 1. Entity Name TAMPA WHOLESALE FURNITURE CO	
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Principal Place of Business 1300 E 7TH AVE TAMPA, FL 33605-3608	Mailing Address 1300 E 7TH AVE TAMPA, FL 33605-3608
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40035639



2. Principal Place of Business - No P.O. Box # 2234 E. 7th Avenue Suite, Apt. #, etc.	3. Mailing Address 2234 E. 7th Avenue Suite, Apt. #, etc.
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02022007 Chg-P CR2E034 (12/06)

City & State Tampa, Florida 33605	City & State Tampa, Florida 33605	4. FEI Number 59-1287733	Applied For Not Applicable
Zip 33605	Country Hillsborough	Zip 33605	Country Hillsborough

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

6. Name and Address of Current Registered Agent CADRECHA, ROBERT N 1300 EAST SEVENTH AVE TAMPA, FL 33605
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7. Name and Address of New Registered Agent Name Robert N. Cadrecha Street Address (P.O. Box Number is Not Acceptable) 2234 E. 7th Avenue City Tampa FL Zip Code 33605

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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CADRECHA, ROBERT N 4414 NEPTUNE TAMPA, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CADRECHA, C W 1300 E. SEVENTH AVE. TAMPA, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2234 E. 7th Avenue Tampa, Florida 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Matthew Cadrecha president 813-247-4557 2/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #