

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000033

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** FURNITURE WAREHOUSE OUTLET INC.

**Current Principal Place of Business:**

237 NORTH RIVER ROAD  
MOUNT CLEMENS, MI 48045

**New Principal Place of Business:**

**Current Mailing Address:**

31635 SOUTH RIVER ROAD  
HARRISON TOWNSHIP, MI 48045

**New Mailing Address:**

**FEI Number:** 38-2907164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEGNER, BRIAN R  
19925 GULF BLVD UNIT 202  
INDIAN SHORES, FL 33785 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEGNER, BRIAN R  
Address: 237 NORTH RIVER ROAD  
City-St-Zip: MOUNT CLEMENS, MI 48045

Title: T  
Name: WEGNER, BONNIE M  
Address: 237 NORTH RIVER ROAD  
City-St-Zip: MOUNT CLEMENS, MI 48045

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: BRIAN R WEGNER

PRES

02/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date