


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90334 024 ***150.00

DOCUMENT # F98000000642			
1. Entity Name SOFA EXPRESS, INC.			
Principal Place of Business 4600 S HAMILTON ROAD BOX 130 GROVEPORT, OH 43125		Mailing Address ATTN: ACCOUNTS PAYABLE 4600 S HAMILTON ROAD GROVEPORT, OH 43125 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T KAUFFMAN, SCOTT K <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, SCOTT K	NAME	
STREET ADDRESS	4600 S. HAMILTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	GROVEPORT, OH 43125	CITY-ST-ZIP	
TITLE	S BRISLEY, PETER O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISLEY, PETER O	NAME	
STREET ADDRESS	405 LEWALLEN RD.	STREET ADDRESS	
CITY-ST-ZIP	ASHEBORO, NC 27203	CITY-ST-ZIP	
TITLE	EXEV PETERS, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, ROBERT	NAME	
STREET ADDRESS	4600 S. HAMILTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	GROVEPORT, OH 43125	CITY-ST-ZIP	
TITLE	VD DAVIS, J.B. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, J.B.	NAME	
STREET ADDRESS	4600 S. HAMILTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	GROVEPORT, OH 43125	CITY-ST-ZIP	
TITLE	CFO PASQUITH, K. SCOTT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUITH, K. SCOTT	NAME	
STREET ADDRESS	4600 S. HAMILTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	GROVEPORT, OH 43125	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT & CEO
STREET ADDRESS		STREET ADDRESS	P. WOOLARD HARRIS JR.
CITY-ST-ZIP		CITY-ST-ZIP	4600 S. HAMILTON RD. GROVEPORT, OH 43125
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 officers empowered.			
SIGNATURE: <i>K. Scott Pasquith</i>		K. SCOTT PASQUITH 04-11-07 (614) 836-4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 63-1008786 Applied For Not Applicable

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