

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099763

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** OFFICE FURNITURE PLACE, INC.

**Current Principal Place of Business:**

1939 BLANDING BOULEVARD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

1939 BLANDING BOULEVARD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-3711207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBINSON, CHARLES C  
1939 BLANDING BOULEVARD  
JACKSONVILLE, FL 32210 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: DIRE  
Name: ROBINSON, CHARLES C  
Address: 1939 BLANDING BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: OFFI  
Name: ROBINSON, AMARILIS A  
Address: 1939 BLANDING BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

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: AMARILIS A. ROBINSON

OFFI

01/24/2012

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

\_\_\_\_\_ Date