

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087091

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CENTRAL FLORIDA FURNITURE, INC.

**Current Principal Place of Business:**

2640-A MICHIGAN AVENUE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 450082  
KISSIMMEE, FL 34745

**New Mailing Address:**

FEI Number: 55-0870829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHOENEWALD, ROBERT  
401 GEORGIA AVENUE  
SAINT CLOUD, FL 34769 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHOENEWALD, SHAREL  
Address: 401 GEORGIA AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP ( ) Delete  
Name: SCHOENEWALD, ROBERT  
Address: 401 GEORGIA AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: TR ( ) Delete  
Name: SCHOENEWALD, SHAREL  
Address: 401 GEORGIA AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHAREL SCHOENEWALD

P

04/30/2008

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

\_\_\_\_\_  
Date