

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90076 021 ***150.00

DOCUMENT # P04000159375

1. Entity Name
ROOMS TO GO CENTRAL CORP.



Principal Place of Business
**11540 US HIGH 92 EAST
SEFFNER, FL 33584**

Mailing Address
**11540 US HIGH 92 EAST
SEFFNER, FL 33584**

50015281



2. Principal Place of Business

3. Mailing Address

02072005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1909141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEYER, DAVID A
101 E KENNEDY BLVD SUITE 2000
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SEAMAN, JEFFREY**
STREET ADDRESS **400 PERIMETER CENTER TERR SUITE 800**
CITY-ST-ZIP **ATLANTA, GA 30346**

TITLE ☐ Delete
NAME **D STEIN, LEWIS**
STREET ADDRESS **11540 US HIGH 92 EAST**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **P.D. Seaman, Jeffrey**
STREET ADDRESS **400 Perimeter Center Terr Suite 800**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Change ☒ Addition
NAME **V/S/T. D. Stein, Lewis**
STREET ADDRESS **11540 US Hwy 92 East**
CITY-ST-ZIP **Seffner, FL 33584**

TITLE ☐ Change ☒ Addition
NAME **V Fenkel, Jeffrey**
STREET ADDRESS **400 Perimeter Center Terr Suite 800**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Change ☒ Addition
NAME **V/S Kettle, Michael**
STREET ADDRESS **400 Perimeter Center Terr Suite 800**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V-P

813-623-5400