## 2006 FOR PROFIT CORPORATION

## Feb 13, 2006 8:00 am **Secretary of State ANNUAL REPORT** 02-13-2006 90011 002 \*\*\*150.00 **DOCUMENT # P04000159375** ROOMS TO GO CENTRAL CORP. Principal Place of Business Mailing Address 11540 US HIGH 92 EAST 11540 US HIGH 92 EAST SEFFNER, FL 33584 60014749 SEFFNER, FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01052006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 20-1909141 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEYER, DAVID A 101 E KENNEDY BLVD SUITE 2000 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33602 Zip Code City FL 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE חי Delete ☐ Addition TITLE ☐ Change SEAMAN, JEFFREY NAME NAME 400 PERIMETER CENTER TERR SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30346 CITY-ST-ZIP TITLE Delete ☐ Addition STEIN, LEWIS NAME NAME STREET ADDRESS 11540 US HIGH 92 EAST STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SEAMAN, JEFFREY STREET ADDRESS 400 PERIMETER CENTER TERR SUITE 800 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30346 CITY-ST-ZIP VST TITLE ☐ Delete ☐ Change Addition NAME STEIN, LEWIS NAME STREET ADDRESS 11540 US HWY 92 EAST STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE KETTLE, MICHAEL NAME NAME 400 PERIMETER CENTER TERR SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30346 CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS

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 a the rike empowered.

CITY-ST-ZIP

SIGNATURE:

LEWIS STEIM, YILE PRES

813-623-5400

FILED