


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 154554 1. Entity Name DAYTONA FURNITURE SHOWROOMS, INC.	
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Principal Place of Business 154 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114	Mailing Address 154 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0590471	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, ROBERT L 154 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WHITE, ROBERT L 154 FOX FIRE CIRCLE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT WHITE, GRACE L. 154 FOX FIRE CRCL. DAYTONA BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT LIPE, KENNETH J 3463 PARSON GREEN TRAIL POWDER SPRINGS, GA 30127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHITE, GRACE L 154 FOX FIRE CIRCLE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/04-80098-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 19 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 193, 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:  ROBERT L. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04
Date

786-252-4363
Daytime Phone #