

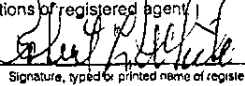
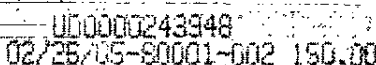
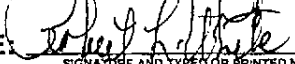


**2005 FOR PROFIT CORPORATION[™]
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 154554		
1. Entity Name DAYTONA FURNITURE SHOWROOMS, INC.		
Principal Place of Business 154 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114		Mailing Address 154 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114
DO NOT WRITE IN THIS SPACE		
		 02142005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-0590471
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WHITE, ROBERT L 154 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114		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  ROBERT L. WHITE		DATE 2-25-05
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WHITE, ROBERT L 154 FOX FIRE CIRCLE DAYTONA BEACH, FL	 02/25/05-80001-002 150.00 DO NOT WRITE IN THIS SPACE
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		
TITLE 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)(b), 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  ROBERT L. WHITE		DATE 2-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #