

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 012 ***150.00

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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**



02252006 Nb Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0590471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WHITE, ROBERT L
STREET ADDRESS	154 FOX FIRE CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	VPT
NAME	WHITE, GRACE L.
STREET ADDRESS	154 FOX FIRE CRCL.
CITY-ST-ZIP	DAYTONA BCH., FL
TITLE	VPT
NAME	LIPE, KENNETH J
STREET ADDRESS	3463 PARSON GREEN TRAIL
CITY-ST-ZIP	POWDER SPRINGS, GA 30127
TITLE	ST
NAME	WHITE, GRACE L
STREET ADDRESS	154 FOX FIRE CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Robert L. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06

Date

386-252-4663

Daytime Phone #