2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 243755

Name:

Address: City-St-Zip: DEWRELL, MILDRED M,

FT WALTON BCH, FL 32547 US

796 N. BEAL PKWY

Entity Name: BAY FURNITURE COMPANY

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
800 N BEA FT WALTC		FL 32547	US		AL PARKWAY ON BEACH, FL		US	
Current Ma	ailing Addı	ress:		New Mail	New Mailing Address:			
P.O. BOX 1 FT WALTO		FL 32549	US					
FEI Number:	59-0932565	FEI Numb	per Applied For ()	FEI Number Not App	licable ()	Certificate	of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
DEWRELL 796 N. BEA FT. WALTO	L PARKWA		US					
The above in the State		ty submits thi	s statement for the p	urpose of changing	its registered o	ffice or reg	gistered agent, or both,	
SIGNATUR	RE:							
	Electi	ronic Signatu	re of Registered Age	nt		D	ate	
Election Cam	npaign Financ	cing Trust Fund	d Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEWRELL, 796 N. BEAL	() Delete GEORGE L., PKWY. I BCH, FL 3254	7 US	Title: Name: Address: City-St-Zip:	()	Change()	Addition	
Title: Name: Address: City-St-Zip:	796 N. BEAL	() Delete CHARLES LAR, - PKWY I BCH, FL 3254		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title:	SD	() Delete		Title:	SD (X)	Change ()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DEWRELL, MARGIE A.,

FT WALTON BCH, FL 32547 US

796 N. BEAL PKWY

SIGNATURE: CHARLES LARAY DEWRELL P 01/07/2009