

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 271726

FILED
Jan 19, 2009
Secretary of State

Entity Name: KANE FURNITURE CO. OF ORMOND BEACH, INC.

Current Principal Place of Business:

280 S. YONGE ST.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

280 S. YONGE ST.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1033259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALIN, BRYON S
100 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KALIN, BYRON S MR
Address: 100 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete
Name: KALIN, LOIS MRS
Address: 100 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: FRAZER, LEONARD MR
Address: 19 COQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: GOULD, RODD MR
Address: 51 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RODD GOULD

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date