## FILED Apr 07, 2008 8:00 am Secretary of State

2008	FOR P	ROFIT	CORPO	DRATI	ON
	AN	NUAL	REPOR	<b>T</b> .	

ANNUAL REPORT					been cuity of butter				
DOCUMENT # 288020  1. Entity Name HOMESTEAD FURNITURE COMPANY, INC.						04-07-2008	90052 01	2 ***150	0.00
O Di	C P3	Admittion And Innov							
Principal Place of Business		Mailing Address							
131 NORTH KROME AVENUE		131 NORTH KROME AVENUE							
HOMESTEAD,	FL 33030 US	HOMESTEAD, FL 33030 US		:					
					1 18 6   11 18 6 8 18 1	BIBE (BIR) BEICH HEIT BEI	S PINKI KINI KINI	DARIO DIRAK DIRI	ITELILITEI
2 Principal Pi	lace of Business - No PO Box #	3. Mailing Address		<u>`</u> _					
E. THIOPERT	acc or business. No For Bus	5. Maining Address	ng Address			8(8) (8)() 8 6(8) (18)( 8 6)	# <b>#</b>		
Suite, Apt. #, etc.		Suite. Apt. #, etc.		04012008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 59-1086				plied For t Applicable
Zip	Country	Zip Country						8.75 Add	
					5. Certificate o	f Status Desired		ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	tegistered A	gent	
	-	<del>_</del>	Name	,		,			
WEBB, F.F	<u> </u>	<del></del> -	- <del></del>	*					
	H KROME AVENUE		Street Add	dress (	P.O. Box Number	is Not Acceptable	9)		-
HOMESTE	AD, FL 33030								
•									
			City		,		FL	Zip Code	э
	· · · · · · · · · · · · · · · · · · ·					: <b></b>		<u></u>	
	named entity submits this statement from of registered agent.	or the purpose of changing its	registered office or r	egister	ed agent, or both	i, in the State of Fig	orida. Tam ia	ımılıar with, a	and accept
ino oongan	one of registered agent.								
SIGNATURE_									
4	Signature, lyped or porced name of registered agen	s and line if application (NOTE	Registered Agent signalure	6 indmes	t when reinstelling:		DATE		
	•								
FIL	E NOWIII FEE IS \$150.00	9. Election Campai			. <b>00</b> May Be				
After Ma	y 1, 2008 Fee will be \$550	.00 Trust Fund Contr	ribution L	Add	led to Fees				
	OFFICERS AND	DIRECTORS	E 44		ADDITIONS	CHANGES TO OFF	CEDE AND	DIDECTOR	2 IAL 44
10.			11.		ADDITIONS/C	HANGES TO OFF	ICERS AND		
TILLE .			TITLE					Change	*[_] Addition
NAME OXOUET ADDRESS			NAME STREET ADDRESS						
STREET ADDRESS	131 NORTH KROME AVENUE HOMESTEAD, FL		CITY-ST-ZIP						
CITY-S <u>1-ZIP</u>					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Print A const
TITLE	VTD	☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						İ
STREET ADDRESS	3518 ROYAL OAK DRIVE		STREET ADDRESS						
CITY ST-ZIP	TITUSVILLE, FL 32780		CITY - ST - ZIP						
TITLE	SD	☐ Delete	TITLE					☐ Change	Addition
NAME	COLE, MARCIA		NAME			•			
STREET ADDRESS			STREET ADDRESS						
CITY ST ZIP	HOMESTEAD, FL 33030		CITY - ST - ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY - ST - ZIP		=	CITY - ST - ZIP		***************************************				
TITLE		☐ Delete	TITLE					Change	Addition
NAME			HAME						
STREET ADDIRESS			STREET ADDRESS						
CITY-ST ZIP			CITY ST ZIP						
TITLE		☐ Delete	TITLE				••	Change 7	Addition
NAME -			NAME						• •
STREET ADDRESS	l:		STREET ADDRESS						
CITY' ST ZIP -	<u> </u>		CITY ST ZIP						
12. I hereby o	certify that the information supplied wi	th this filling does not qualify for	or the exemptions co	ntaine	d in Chapter 119.	Florida Statutes.	further certi	fy that the ir	nformation
indicated	on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that if	ny signature shali ha	ive the	same legal effect	as it made under	oath, that I a	m an officer	or director
changed	or on an attachment with an address	, with all other like empowered.		JULI OU	., i ionos sistuites	z, and matrify half	~ abbeqi2∏	SING TO U	. DIOUR FFII
-	2011	2	70 1			1 1			
SIGNAT	URE: 1 Mel K. 12 H	to FRANK	K. WEBB		/	<u>1/3/08                                   </u>	<u> 305</u> -	247-23	(7
		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR			/ (/ <sub>itg</sub>		уште Ризие 🕶	