

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 288020

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** HOMESTEAD FURNITURE COMPANY, INC.

**Current Principal Place of Business:**

131 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

131 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

**FEI Number:** 59-1086458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBB, F.R.  
131 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 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:** WEBB, F R  
**Address:** 131 NORTH KROME AVENUE  
**City-St-Zip:** HOMESTEAD, FL

**Title:** VTD ( ) Delete  
**Name:** STATON, MYRTLE, C  
**Address:** 3518 ROYAL OAK DRIVE  
**City-St-Zip:** TITUSVILLE, FL 32780

**Title:** SD ( ) Delete  
**Name:** COLE, MARCIA  
**Address:** 355 N.W. 22ND STREET  
**City-St-Zip:** HOMESTEAD, FL 33030

**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:**

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:** MARCIA COLE

SD

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date