

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443245

Entity Name: REGAL FURNITURE, INC.

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

1329 PARK AVE.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1329 PARK AVE.
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-1539249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, ELMER E.
1076 CHANDLER OAKS DRIVE
JACKSONVILLE, FL 32221 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: MARKUM, OLEN R
Address: 2380 HAWKCREST DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPS () Delete
Name: LANDRUM, AGNES L
Address: 1716 PITCH PINE AVE.
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: ARNOLD, JONI J
Address: 2246 HARBOR LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: S () Delete
Name: EATON, MIRIAM J.
Address: 12914 TREE WAY LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: NESTER, APRIL J.
Address: 12776 JULINGTON RIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: C () Delete
Name: JAMES, ELMER E
Address: 1076 CHANDLER OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

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
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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: APRIL J NESTER

T

04/12/2008

Electronic Signature of Signing Officer or Director

Date