

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 470639

1. Entity Name
LIBERTY FURNITURE COMPANY



Principal Place of Business
**5555 UNIVERSITY BLVD., W.
JACKSONVILLE, FL 32216**

Mailing Address
**5555 UNIVERSITY BLVD., W.
JACKSONVILLE, FL 32216**



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1580235

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHERMAN, MARVIN I.
5555 UNIVERSITY BLVD., W.
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SHERMAN, MARVIN I.
STREET ADDRESS	5555 UNIVERSITY BLVD., W.
CITY-STATE-ZIP	JACKSONVILLE FL.
TITLE	STD
NAME	SHERMAN, BEATRICE
STREET ADDRESS	5555 UNIVERSITY BLVD., W.
CITY-STATE-ZIP	JACKSONVILLE FL.
TITLE	D
NAME	SHERMAN, JUNE SHERMAN
STREET ADDRESS	5555 UNIVERSITY BLVD., W.
CITY-STATE-ZIP	JACKSONVILLE FL.
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/11/06-80068-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06
Date

404-737-3700
Daytime Phone #

MARVIN SHERMAN