2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 483959

Entity Name: CITY FURNITURE, INC.

Current Principal Place of Business:

6701 NORTH HIATUS ROAD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

6701 NORTH HIATUS ROAD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1621198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELO & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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:	DP	( ) Delete
Name:	KOENIG, KEITH	
Address:	6701 NORTH HIATUS ROAD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	SVPS	( ) Delete
Name:	WILDER, J. STEPHEN	
Address:	6701 NORTH HIATUS ROAD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	SVPS	( ) Delete
Name:	IKOLA, GARRY E	
Address:	6701 NORTH HIATUS RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	SVPM	( ) Delete
Name:	LENNON, MICHAEL P	
Address:	6701 NORTH HIATUS RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	VPAD	( ) Delete
Name:	DAVANT, DIANNE B	
Address:	41 WEST SEMINOLE STREET	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	(X) Change ( ) Addition
Name:	IKOLA, GARRY E	
Address:	6701 NORTH HIATUS RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	SVP	(X) Change ( ) Addition
Name:	LENNON, MICHAEL P	
Address:	6701 NORTH HIATUS RD	
City-St-Zip:	TAMARAC, FL 33321	
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: KEITH KOENIG DP 02/16/2009

Electronic Signature of Signing Officer or Director — Date