


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 487212 1. Entity Name HAVEN FURNITURE COMPANY, INC.	
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Principal Place of Business 1500 HAVENDALE BLVD WINTER HAVEN, FL 33881	Mailing Address 1500 HAVENDALE BLVD WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



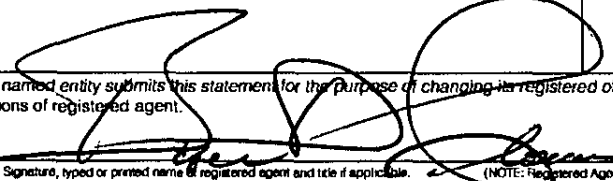
07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1634130	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLAUSSEN, JAMES W. BOX 9225 WINTER HAVEN, FL 33883
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**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, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  V. Pres. 7/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>
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**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

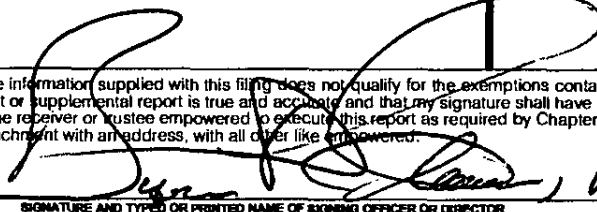
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D CLAUSSEN, JAMES W. BOX 9225 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY CLAUSSEN, SUSAN L. BOX 9225 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D CLAUSSEN, BYRON P. 1900 LAKE HOWARD DR., N.W. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSSEN, SUSAN L. BOX 9225 WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

07/10/06-30005-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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 on an attachment with an address, with all other like empowered. SIGNATURE:  V. Pres. 7/5/06 863-293-1870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>
