

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM  
Secretary of State

DOCUMENT # 492250

1. Entity Name  
VERO FURNITURE MART, INC.



Principal Place of Business  
1450 21ST ST.  
VERO BEACH, FL 32960-3457

Mailing Address  
1450 21ST ST.  
VERO BEACH, FL 32960-3457



04272004 No Chg-P CR2E034 (10/03)

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4. FEI Number  
59-1635770

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAWING, MAX C.  
1450 21ST ST.  
VERO BEACH, FL 32960

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

000000130073

04/29/04-80066-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LAWING, MAX C.
STREET ADDRESS	1450 21ST ST.
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VD
NAME	LAWING, GEORGEANNA
STREET ADDRESS	1450 21ST ST.
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	V
NAME	LAWING, DANIEL
STREET ADDRESS	1450 21ST ST.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	P
NAME	LAWING, JR., MAX C.
STREET ADDRESS	1450 21ST ST.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	S
NAME	LAWING, MARGHERITA
STREET ADDRESS	1450 21ST ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Max C. Lawing MAX C. LAWING Date: 4/29/04 772-569-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR