


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # 504776		
1. Entity Name PALM CASUAL FURNITURE PRODUCTS, INC.		
Principal Place of Business 3100 JOHN YOUNG PKWY ORLANDO, FL 32804		Mailing Address 3100 JOHN YOUNG PKWY ORLANDO, FL 32804
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MAGEE, JAMES M. 226 HILLCREST ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROFOOT, KROY E. 8903 GIFFEN CT. WINDERMERE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS CROFOOT, FRANCES 8823 BAY HILL BLVD. ORLANDO FL,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Frances J. Crofoot</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-18-07</u> <u>407-299-9188</u> <small>Date Daytime Phone #</small>



01172007 No Chg-P CR25034 (11/05)

4. FEI Number 59-1674793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/22/07-80057-016 150.00

**DO NOT WRITE
IN THIS SPACE**