2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2008 8:00 am Secretary of State **DOCUMENT # 582880** 1. Entity Name 03-07-2008 90040 021 ***150.00 MARLEY FURNITURE CO., INC. Principal Place of Business Mailing Address 8402 N 40TH ST TAMPA FL 33604 8402 N 40TH ST TAMPA FL 33604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8602 Temple Terrace Hwy P.O. Box 292638 Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Unit D1 & D2 City & State City & State 4. FEI Number Applied For 59-1844381 Tampa, FL Tampa, FL Not Applicable Zip 33687 Zip \$8.75 Additional 5. Certificate of Status Desired 33637 Hillsborough Hillsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THORNTON, RICHARD O Street Address (P.O. Box Number is Not Acceptable) 8602 Temple Terrace Hwy 8402 N 40TH ST TAMPA FL 33604 Unit D1 & D2 Cit**Tampa** ^{Zip} Code 7 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 asynature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Derete TITLE ☐ Change THORNTON, RICHARD O. NAME NAME 8402 N. 40TH ST. STREET ADDRESS STREET ADDRESS. 8602 Temple Terrace Hwy. D1 & D2 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Tampa, FL 33637 TITLE STD Delete ппе ☐ Change ☐ Addition THORNTON, ELIZABETH NAME HAME 8402 N. 40TH ST. 8602 Temple Terrace Hwy. D1 & D2 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33637 Delete TITLE Change Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP me Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-769 CITY - ST- 7IP

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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I turner certify that are 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 efficer or director of the corporation or the receiver of 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 albertike empowered. Richard O. Thornton, President SIGNATURE: 🚄

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

Date

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