

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 598944

FILED
Apr 23, 2008
Secretary of State

Entity Name: HARBOR CITY FURNITURE, INC.

Current Principal Place of Business:

1717 N WICKHAM RD
B
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1717 N WICKHAM RD
B
MELBOURNE, FL 32935

New Mailing Address:

P. O. BOX 361513
MELBOURNE, FL 32936

FEI Number: 59-1870511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASAR, LAVONNE M
2665 PARK PLACE BLVD
#4
MELBOURNE, FL 32935 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: P () Delete
Name: CHASAR, ALBERT J.,
Address: 1717 N WICKHAM RD
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: CHASAR, LA VONNE M.,
Address: 2665 PARK PLACE BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHASAR, ALBERT J.,
Address: 1735 BLUEBIRD COURT
City-St-Zip: MELBOURNE, FL 32935

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: LA VONNE M. CHASAR

V/P

04/23/2008

Electronic Signature of Signing Officer or Director

Date