

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814800

FILED
Feb 26, 2007
Secretary of State

Entity Name: HAVERTY FURNITURE COMPANIES, INC.

Current Principal Place of Business:

780 JOHNSON FERRY ROAD
STE 800
ATLANTA, GA 30342

New Principal Place of Business:

Current Mailing Address:

PO BOX 420099
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 58-0281900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: COB () Delete
Name: RIDLEY, CLARENCE H
Address: 2982 HABERSHAM RD NW
City-St-Zip: ATLANTA, GA 30305

Title: VC () Delete
Name: SEAMONDS, JUSTIN
Address: 2195 EDISON AVENUE
City-St-Zip: ATLANTA, GA 30305

Title: VT () Delete
Name: PARKER, JENNY H
Address: 571 HOOD ROAD
City-St-Zip: STOCKBRIDGE, GA 30281

Title: SV () Delete
Name: FINK, DENNIS L.
Address: 1502 WAYNESBOROUGH COURT
City-St-Zip: MARIETTA, GA

Title: PCEO () Delete
Name: SMITH, CLARENCE H.
Address: 158 WEST WESLEY ROAD
City-St-Zip: ATLANTA, GA 30305

Title: V () Delete
Name: HAVERTY JR., RAWSON
Address: 3742 PACES VALLEY ROAD NW
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN SEAMONDS

CONT

02/26/2007

Electronic Signature of Signing Officer or Director

_____ Date