

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90002 029 ***550.00

DOCUMENT # F03000000176

1. Entity Name
NORWALK FURNITURE CORPORATION



Principal Place of Business
**100 FURNITURE PARKWAY
NORWALK, OH 44857**

Mailing Address
**100 FURNITURE PARKWAY
NORWALK, OH 44857**

54064705



2. Principal Place of Business
4185 W. New Haven Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
W. Melbourne FL
Zip
32904 Country
Brevard

City & State

Zip

Country

07122004

Chg-P

CR2E034 (10/03)

4. FEI Number
34-4317570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GERKEN, JAMES 100 FURNITURE PARKWAY NORWALK, OH 44857 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GERKEN, WILLIAM 100 FURNITURE PARKWAY NORWALK, OH 44857 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICKOLI, DICK 100 FURNITURE PARKWAY NORWALK, OH 44857 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARTHUR, JACK 100 FURNITURE PARKWAY NORWALK, OH 44857 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEACH, FRED 100 FURNITURE PARKWAY NORWALK, OH 44857 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEY, MICHAEL 100 FURNITURE PARKWAY NORWALK, OH 44857 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T George B. Elmer 100 Furniture Parkway Norwalk, OH 44857 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Peggy Whitehurst 100 Furniture Parkway Norwalk, OH 44857 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peggy Whitehurst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-04 **419-744-3200**
Date Daytime Phone #