


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F46722 1. Entity Name A-9 FURNITURE, INC.	
---	---

Principal Place of Business 1501 CAPITAL CIR NW BLDG A-9 TALLAHASSEE, FL 32303	Mailing Address 1501 CAPITAL CIR NW BLDG A-9 TALLAHASSEE, FL 32303
--	--



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2157131	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEARCE, R. MARVIN 1501 CAPITAL CIR NW BLDG A-9 TALLAHASSEE, FL 32303

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000948569 06/02/08-80060-023 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEARCE, R MARVIN 1505 WOODGATE WAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEARCE, JANET L 1505 WOODGATE WAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGES, MICKEY W. 121 SQUIRREL RUN QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: R. Marvin Pearce R MARVIN PEARCE, VD 4/30/08 850-576-6044
SIGNATURE A D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #