2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005436

Title:

Name:

Address:

City-St-Zip:

SD

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DONALSONVILLE, GA 39845

CROSS, BEVERLY A

7143 HIGHWAY 39

FILED Jan 07, 2004 Secretary of State

Entity Name: HOME FURNITURE MART INC. **Current Principal Place of Business: New Principal Place of Business:** 114 SOUTH BROAD STREET BAINBRIDGE, GA 39817 **Current Mailing Address: New Mailing Address:** 114 SOUTH BROAD STREET BAINBRIDGE, GA 39817 FEI Number: 58-2184648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PELHAM, THOMAS 101 N MONROE STREET 1090 TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARTIN, VANCE R Name: Name: 2000 LEGETTE DRIVE Address: Address: City-St-Zip: BAINBRIDGE, GA 39819 City-St-Zip: Title: Title: () Delete (X) Change () Addition MARTIN, W. DEREK Name: MARTIN, W. DEREK Name: 1503 E. COLLEGE STREET APT. 16 1900 LEGETTE DRIVE Address: Address: BAINBRIDGE, GA 39819 BAINBRIDGE, GA 39819 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BEVERLY A CROSS SD 01/07/2004

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