

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G38820

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: THE LIVING ROOM, INCORPORATED

## Current Principal Place of Business:

C/O LEON MARON  
10830 SAN JOSE BLVD.  
JACKSONVILLE, FL 322236613

## New Principal Place of Business:

## Current Mailing Address:

C/O LEON MARON  
10830 SAN JOSE BLVD.  
JACKSONVILLE, FL 322236613

## New Mailing Address:

FEI Number: 59-2293410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARON, LEON  
10830 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

## 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: PD ( ) Delete  
Name: MARON, JEANNE V,  
Address: 1500 SHAKER COVE CT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: DST ( ) Delete  
Name: MARON, GLENN HARVEY,  
Address: 1971 LINA CT  
City-St-Zip: FERNANDINA EBACH, FL

Title: DV ( ) Delete  
Name: MARON, DAVID,  
Address: 1252 CREEK BEND RD  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: MARON, BERNARD,  
Address: 11173 BRACH BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: MARON, LEON,  
Address: 613 IRENE COURT  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change ( ) Addition  
Name: MARON, GLENN HARVEY,  
Address: 1971 LINA CT  
City-St-Zip: FERNANDINA EBACH, FL 32034

Title: DV (X) Change ( ) Addition  
Name: MARON, DAVID,  
Address: 1252 CREEK BEND RD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change ( ) Addition  
Name: MARON, BERNARD,  
Address: 11173 BRACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

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 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.

SIGNATURE: JEANNE MARON

D

04/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date