

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G38820

FILED
Feb 02, 2005
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 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: 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 32034

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

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

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: () 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 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

PD

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date