

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # G84371

1. Entity Name
**PALM CASUAL FURNITURE PRODUCTS OF PORT
ORANGE, INC.**



Principal Place of Business
**1527 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117-2219**

Mailing Address
**1065 E STORY ROAD
WINTER GARDEN, FL 34787 US**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2333972	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAGEE, JAMES M., ESQUIRE
226 HILLCREST STREET
226 HILLCREST ST.
ORLANDO, FL 32801**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**V
DANIEL, MARK
6509 STONINGTON DR SO
TAMPA, FL.F.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CROFOOT, KROY
9903 GIFFEN CT.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MAGNUSON, JAMES
9844 LAUREL DR.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CROFOOT, FRANCIS
8823 BAY HILL BLVD
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000349468
05/02/05-80067-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 427 407 652-1722