

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90228 037 \*\*\*150.00

**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**

**60033688**



02172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2333972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 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	<b>V DANIEL, MARK 6509 STONINGTON DR SO TAMPA, FL.F.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CROFOOT, KROY 9903 GIFFEN CT. WINDERMERE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MAGNUSON, JAMES 9844 LAUREL DR. WINDERMERE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CROFOOT, FRANCIS 8823 BAY HILL BLVD ORLANDO, FL</b>
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/29/06

✓ 407-656-9222