


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 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	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2333972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/17/08-80060-019 150.00
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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	

**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

James A. Magnuson 1-1408 407-656-9722

Date

Daytime Phone #