

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84371

FILED  
Apr 27, 2009  
Secretary of State

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

## Current Principal Place of Business:

1527 RIDGEWOOD AVENUE  
HOLLY HILL, FL 321172219

## New Principal Place of Business:

## Current Mailing Address:

1065 E STORY ROAD  
WINTER GARDEN, FL 34787 US

## New Mailing Address:

FEI Number: 59-2333972      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGEE, JAMES M., ESQUIRE  
226 HILLCREST STREET  
226 HILLCREST ST.  
ORLANDO, FL 32801 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: V ( ) Delete  
Name: DANIEL, MARK  
Address: 6509 STONINGTON DR SO  
City-St-Zip: TAMPA, FL.F,

Title: S ( ) Delete  
Name: CROFOOT, KROY  
Address: 9903 GIFFEN CT.  
City-St-Zip: WINDERMERE, FL

Title: T ( ) Delete  
Name: MAGNUSON, JAMES  
Address: 9844 LAUREL DR.  
City-St-Zip: WINDERMERE, FL

Title: V ( ) Delete  
Name: CROFOOT, FRANCIS  
Address: 8823 BAY HILL BLVD  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: DANIEL, MARK  
Address: 6509 STONINGTON DR SO  
City-St-Zip: TAMPA,, FL

Title: S (X) Change ( ) Addition  
Name: CROFOOT, KROY  
Address: 9903 GIFFEN CT.  
City-St-Zip: WINDERMERE, FL

Title: T (X) Change ( ) Addition  
Name: MAGNUSON, JAMES  
Address: 9844 LAUREL DR.  
City-St-Zip: WINDERMERE, FL

Title: V (X) Change ( ) Addition  
Name: CROFOOT, FRANCES  
Address: 8823 BAY HILL BLVD  
City-St-Zip: ORLANDO, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KROY CROFOOT

S

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date