

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84371

FILED
Mar 19, 2011
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

OFFICERS AND DIRECTORS:

Title: V
Name: DANIEL, MARK
Address: 6509 STONINGTON DR SO
City-St-Zip: TAMPA,, FL 33647

Title: D
Name: CROFOOT, KELLEY
Address: 9903 GIFFIN CT.
City-St-Zip: WINDERMERE, FL 34786

Title: T
Name: MAGNUSON, JAMES
Address: 9844 LAUREL DR.
City-St-Zip: WINDERMERE, FL 34786

Title: V
Name: F J CROFOOT REV TRUST
Address: 8823 BAY HILL BLVD
City-St-Zip: ORLANDO, FL 32811

Title: P
Name: CROFOOT, KROY
Address: 9903 GIFFIN CT
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: KROY CROFOOT

P

03/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date