



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # H25378 1. Entity Name TRENDS FURNITURE, INC.			
Principal Place of Business % S. R. JONES 334 CANAL ST. NEW SMYRNA BEACH, FL 32168		Mailing Address % S. R. JONES 334 CANAL ST. NEW SMYRNA BEACH, FL 32168	
DO NOT WRITE IN THIS SPACE			
		04302007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2457068	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, S. R. 334 CANAL ST. NEW SMYRNA BEACH, FL 32168		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000759531 05/24/07-80044-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JONES, S. R. 2728 SUNSET DR. NEW SMYRNA BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JONES, GLENN E. 346 NORTH RIVERSIDE EDGEWATER, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-30-07 386-418-4199 <small>Date Daytime Phone #</small>	