

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # H68430

1. Entity Name:  
KING FURNITURE DISTRIBUTORS, INC.



**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90466 014 \*\*\*150.00

Principal Place of Business  
5112 ADAMO DRIVE  
~~201 E. KENNEDY BLVD., SUITE 021~~  
TAMPA, FL 33619

Mailing Address  
5112 ADAMO DR  
TAMPA, FL 33619 US



2. Principal Place of Business  
5112 Adamo Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State  
Tampa, FL

City & State

4. FEI Number  
59-2556842

Applied For  
Not Applicable

Zip  
33619

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCWHIRTER, JOHN W., JR.  
~~100 TAMPA STREET NORTH~~  
~~SUITE 2000~~  
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)  
400 N. Tampa Street

Suite 2400

City  
Tampa

FL

Zip Code  
33602

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
GODWIN, JOHN H., JR.  
5112 ADAMO DRIVE  
TAMPA, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
GODWIN, JOHN H. III  
~~2000 LA CONCHA DRIVE~~  
~~CLEARWATER, FL~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
5112 Adamo Drive  
Tampa, FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
GODWIN, RITA W.  
5112 ADAMO DR  
TAMPA, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*[Handwritten Signature]*

John H. Godwin III

4/29/04

013-247-4721