


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # H68430 1. Entity Name KING FURNITURE DISTRIBUTORS, INC.	
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Principal Place of Business 5112 ADAMO DRIVE TAMPA, FL 33619	Mailing Address P.O. BOX 25615 TAMPA, FL 33622 US
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2556842	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 GODWIN, JOHN H III 5112 ADAMO DRIVE TAMPA, FL 33619

**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.

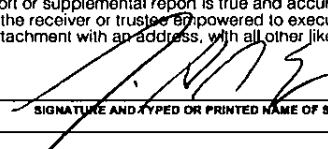
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U000000919238 05/13/08-80114-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GODWIN, JOHN H III 5112 ADAMO DRIVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS GODWIN, RITA W 5112 ADAMO DRIVE TAMPA, FL 33619
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **John H. Godwin, III** **4/23/08** **(813) 247-4721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #