


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J06281 1. Entity Name PALM CASUAL FURNITURE PRODUCTS OF SAN ANTONIO, INC.	
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Principal Place of Business
**13939 WESTHEIMER RD
HOUSTON, TX 77077**

Mailing Address
**3100 JOHN YOUNG PKWY
ORLANDO, FL 32804**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1684249	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAGEE, JAMES M.
226 HILLCREST ST
ORLANDO, FL 32801**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CROFOOT, FRANCES J. 8823 BAYHILL BLVD. ORLANDO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAGNUSON, JAMES A. 9884 LAUREL VALLEY DR WINDERMERE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLINE, SCOTT J. 11340 LAKE BUTLER BLVD WINDERMERE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DANIEL, MARK 6509 STONINGTON DR., SO. TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CROFOOT, KROY E. 9903 GIFFIN CT. WINDERMERE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/05-80145-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/29/05**

Daytime Phone # _____