2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# J06281

Entity Name: PALM CASUAL FURNITURE PRODUCTS OF SAN ANTONIO, INC.

Current Principal Place of Business:

13939 WESTHEIMER RD
HOUSTON, TX 77077

New Principal Place of Business:

Current Mailing Address:

3100 JOHN YOUNG PKWY
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-1684249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGEE, JAMES M.
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: CROFOOT, FRANCES J.
Address: 8823 BAYHILL BLVD.
City-St-Zip: ORLANDO, FL

Title: DV ( ) Delete
Name: MAGNUSON, JAMES A.
Address: 9884 LAUREL VALLEY DR
City-St-Zip: WINDERMERE, FL

Title: DV ( ) Delete
Name: CLINE, SCOTT J.
Address: 11340 LAKE BUTLER BLVD
City-St-Zip: WINDERMERE, FL

Title: DT ( ) Delete
Name: DANIEL, MARK
Address: 6509 STONINGTON DR., SO.
City-St-Zip: TAMPA, FL

Title: DVP ( ) Delete
Name: CROFOOT, KROY E.
Address: 9903 GIFFIN CT.
City-St-Zip: WINDERMERE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: CROFOOT, FRANCES
Address: 8823 BAYHILL BLVD.
City-St-Zip: ORLANDO, FL

Title: DV (X) Change ( ) Addition
Name: MAGNUSON, JAMES A
Address: 9884 LAUREL VALLEY DR
City-St-Zip: WINDERMERE, FL

Title: DV (X) Change ( ) Addition
Name: CLINE, SCOTT
Address: 11340 LAKE BUTLER BLVD
City-St-Zip: WINDERMERE, FL

Title: DT (X) Change ( ) Addition
Name: DANIEL, MARK
Address: 6509 STONINGTON DR., SO.
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KROY E. CROFOOT DVP 04/27/2009

Electronic Signature of Signing Officer or Director Date