

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06281

FILED  
Apr 16, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: F J CROFOOT REV TRUST  
Address: 8823 BAYHILL BLVD.  
City-St-Zip: ORLANDO, FL 32811

Title: DV  
Name: MAGNUSON, JAMES A  
Address: 9884 LAUREL VALLEY DR  
City-St-Zip: WINDERMERE, FL 34786

Title: DV  
Name: KIM R CLINE REV TRUST  
Address: 5948 CHESAPEAKE PARK  
City-St-Zip: ORLANDO, FL 32819

Title: DT  
Name: DANIEL, MARK  
Address: 6509 STONINGTON DR., SO.  
City-St-Zip: TAMPA, FL 33627

Title: DVP  
Name: CROFOOT, KROY E.  
Address: 9903 GIFFIN CT.  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: KROY CROFOOT

VP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date