

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 031 ***150.00

40093791



01312007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2901873

Applied For
Not Applicable

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

DOCUMENT # K28728

1. Entity Name
R & S FURNITURE CORP., INC.



Principal Place of Business
12225 U.S. HWY. 19 NORTH
BAYONET POINT, FL 34667 US

Mailing Address
12225 U.S. HWY. 19 NORTH
BAYONET POINT, FL 34667 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABITT, SANDRA
12225 U.S. HWY. 19 NORTH
BAYONET POINT, FL 34667

Name

RAY R. BABITT

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

12225 U.S. HWY 19 NORTH

City

BAYONET POINT

FL

Zip Code

34667

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

X 4-27-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP	<input type="checkbox"/> Delete
NAME	BABITT, RAY R.	
STREET ADDRESS	5010 CAMBERLEY LANE	
CITY-STATE-ZIP	OLDSMAR, FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BABITT, SANDRA	
STREET ADDRESS	5010 CAMBERLEY LANE	
CITY-STATE-ZIP	OLDSMAR, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BABITT, RICHARD	
STREET ADDRESS	4550 BAY BLVD	
CITY-STATE-ZIP	PORT RICHEY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: X

RAY R BABITT

Date

Daytime Phone #

X 4-27-07