

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90019 009 ***150.00

DOCUMENT # K71361

1. Entity Name

AFFORDABLE WOOD FURNITURE, INC.



Principal Place of Business

6095 HAINES ROAD N
ST. PETERSBURG FL 33714
US

Mailing Address

6095 HAINES RD. N
ST. PETERSBURG FL 33714
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

4. FEI Number 65-0101717

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MUSE, STEPHEN H
6095 HAINES RD N
SAINT PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

Stephen H. Muse

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

6095 Haines Road N

City

St. Petersburg, FL

FL

Zip Code

33714

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

Stephen H. Muse

Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

Mar 1, 2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MUSE, STEPHEN, H.	
STREET ADDRESS	3037 61ST AVENUE N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33714	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MUSE, KATHLEEN G.	
STREET ADDRESS	3037 61ST AVENUE N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stephen H. Muse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 1, 2007

DATE

Daytime Phone #