

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24139

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ST. LUCIE DISCOUNT FURNITURE, INC.

**Current Principal Place of Business:**

2822 S US HWY #1, SUITE B-3  
FT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

2822 S US HWY #1, SUITE B-3  
FT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 65-0218905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGIN, RICK  
2822 S US 1  
SUITE B-3  
FT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

MAGIN, RICK  
2822 S US HWY #1  
SUITE B-3  
FT PIERCE, FL 34982 US

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

01/16/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MAGIN, RICK  
Address: 3625 SW VINCENNES ST  
City-St-Zip: PORT SAINT LUCIE, FL

Title: P ( ) Delete  
Name: MAGIN, JOE  
Address: 937 SW GWENDOLEN TERR  
City-St-Zip: PORT SAINT LUCIE, FL 349531524

Title: S ( ) Delete  
Name: SHARON, MAGION  
Address: 937 SW GWEUDOLEN TERR  
City-St-Zip: PORT SAINT LUCIE, FL 349531524

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: MAGIN, RICK  
Address: 3625 SW VINCENNES ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P (X) Change ( ) Addition  
Name: MAGIN, JOE  
Address: 1519 S W MOCKINGBIRD CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change ( ) Addition  
Name: SHARON, MAGIN  
Address: 1519 S W MOCKINGBIRD CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: TOM S. THORSEN

Electronic Signature of Signing Officer or Director

CPA

01/16/2009

Date