

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24139

FILED  
Feb 03, 2012  
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 HWY #1  
SUITE B-3  
FT PIERCE, FL 34982 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: T  
Name: MAGIN, RICK  
Address: 3625 SW VINCENNES ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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

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: TOM S. THORSEN

CPA

02/03/2012

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

\_\_\_\_\_ Date