


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # P00000106432 1. Entity Name RETAIL FURNITURE PROMOTIONS, INC.	
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Principal Place of Business 216 BELMOUNT DR JACKSONVILLE, FL 32259	Mailing Address 216 BELMOUNT DR JACKSONVILLE, FL 32259
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3686495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARROLL, THOMAS P
12412-101 SAN JOSE BLVD
JACKSONVILLE, FL 32223

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HOLMQUIST, ROBERT 216 BELMONT DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HOLMQUIST, ROSEMARY 216 BELMONT DR JACKSONVILLE, FL 32259
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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: Robert S Holmquist Date: 3-29-07 Daytime Phone #: 904 610 6362