

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107101

Entity Name: T.L.G. FURNITURE, INC.

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

8200 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

397 E. ALTAMONTE DRIVE  
1500  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

4200 CHURCH ST  
STE 1030  
SANFORD, FL 32771

FEI Number: 59-3755965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRISON, WILLIAM H ESQ.  
7100 SOUTH U.S. HIGHWAY 17-92  
FERN PARK, FL 32730 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PERSAMPIERE, ANTHONY  
Address: 397 E. ALTAMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ST ( ) Delete  
Name: PERSAMPIERE, DOMINIC  
Address: 397 E. ALTAMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: PD (X) Change ( ) Addition  
Name: PERSAMPIERE, ANTHONY  
Address: 4200 CHURCH ST STE 1030  
City-St-Zip: SANFORD, FL 32771

Title: ST (X) Change ( ) Addition  
Name: PERSAMPIERE, DOMINIC  
Address: 4200 CHURCH ST STE 1030  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY PERSAMPIERE

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date