2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000110568

HOME FURNISHINGS BY NET, INC.



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

Principal Place of Business

13833 WELLINGTON TRACE

UNIT 4E, #186 WELLINGTON, FL 33414 Mailing Address

13833 WELLINGTON TRACE

UNIT 4E, #186 WELLINGTON, FL 33414



03282007

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0494137

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAQUIN, WILLIAM 13833 WELLINGTON TRACE UNIT AF #186

DO NOT WRITE

WELLINGTON, FL 33414				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office o	r registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				1 Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contributio		\$5.00 May Be Added to Fees	28 Manch 2007	
10.	OFFICERS AND DIRECTORS					
TITLE Name Street address City-St-Zip	D PAQUIN, WILLIAM 13833 WELLINGTON TRACE, UNIT 4E, #186 WELLINGTON, FL 33414					
TITLE Name Street address City-St-Zip					U00000685470 04/09/07-80009-005 150.00	
title Name			 [

DO NOT WRITE IN THIS SPACE

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.

CICMATIBE.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

