


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000054029	
1. Entity Name ISLE OF CAPRI FURNITURE, INC.	

Principal Place of Business 463646 STATE ROAD 200 SUITE 12 YULEE, FL 32097	Mailing Address 463646 SR 200, SUITE 12 YULEE, FL 32097
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1058416	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

**MOSELEY, VIRGINIA S
86039 SHELTER ISLAND DRIVE
FERNANDINA BEACH, FL 32034**

DO NOT WRITE IN THIS SPACE

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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSELEY, VIRGINIA 86039 SHELTER ISLAND DRIVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSELEY, JON A 86039 SHELTER ISLAND DRIVE FERNANDINA BEACH, FL 32034
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07/20/07-80001-002 150.00

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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: *Virginia Mosley President* **7-6-07 904-548-1190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #