

607 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000062609

1. Entity Name

LAY-Z-BOY, INC.



ENTERED
8-10-07

FILED
By
2007 OCT -2 AM 8:56

Principal Place of Business

THE KRESS BUILDING, SUITE 205
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701
US

Mailing Address

THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701
US



2. Principal Place of Business - No P.O. Box #

1950 Lake Ave, S.E.

Suite, Apt. #, etc.

#B

City & State

Largo, FL

Zip

33771

Country

Pinellas

3. Mailing Address

1950 Lake Ave, S.E.

Suite, Apt. #, etc.

#B

City & State

Largo, FL

Zip

33771

Country

Pinellas

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-1444241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME LODER, JOHN
STREET ADDRESS 475 CENTRAL AVENUE, SUITE 205
CITY - ST - ZIP ST. PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1950 Lake Ave, S.E. #B
CITY - ST - ZIP Largo, FL 33771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles / April Charles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

(707) 581-7200

7/14/07