

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000162286

1. Entity Name
LA-Z-BOY GALLERIES GAINESVILLE, INC.



Principal Place of Business

284 CROOKED COURT
JACKSONVILLE, FL 32259

Mailing Address

284 CROOKED COURT
JACKSONVILLE, FL 32259

FILED

Mar 01, 2007 08:00 A
Secretary of State

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2066106 Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEVERLY, JR., PHIL C
THE SEAGLE BUILDING, SUITE 500
408 W. UNIVERSITY AVE
GAINESVILLE, FL 32601-5289

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

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

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JARBOE, GARY W
STREET ADDRESS 284 CROOKED COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE D
NAME POTTLE, CHRISTOPHER B
STREET ADDRESS 1804 US HIGHWAY 90 WEST
CITY-ST-ZIP LAKE CITY, FL 32055

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 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:

PLB/PL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

Daytime Phone #