

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



02192007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #