


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02272008 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

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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000869106
 04/09/08-80036-020 150.00

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	

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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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____