2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024073

Title:

Name:

Address:

City-St-Zip:

FILED Jan 15, 2007 Secretary of State

Entity Nan	ne: BLACK SV	VAN FURNITURE, INC.					
Current Principal Place of Business:			New Pi	New Principal Place of Business:			
	HWY 19 NORT BOR, FL 3468						
Current Mailing Address:			New M	New Mailing Address:			
	HWY 19 NORT BOR, FL 3468						
FEI Number: 20-2403117 FEI Number Applied For () FEI			FEI Number Not A	lumber Not Applicable () Certificate of S		esired ()	
Name and Address of Current Registered Agent:			Name a	Name and Address of New Registered Agent:			
	DIS, PAUL HWY 19 NORT BOR, FL 3468						
The above in the State		ubmits this statement for the p	purpose of changi	ng its registered	office or registered ago	ent, or both,	
SIGNATUR							
		c Signature of Registered Ag	ent		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () I BOURGEOIS, PA 1625 NEBRASKA PALM HARBOR,	A AVEUNE	Title: Name: Address: City-St-Z	BOURGEOIS, 2365 ROLLIN	G OAKS DR		
Title: Name: Address: City-St-Zip:	VP () I LOGAN, LEONA 31567 US HWY PALM HARBOR,		Title: Name: Address: City-St-Z	`) Change ()Addition		
Title: Name: Address: City-St-Zip:	T () I BOURGEOIS, PA 1625 NEBRASKA PALM HARBOR,	A AVEUNE	Title: Name: Address: City-St-Z	BOURGEOIS, 2365 ROLLIN	G OAKS DR		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL BOURGEOIS COE 01/15/2007

() Delete

WALET, CHARLOTTE

31567 US HWY 19 NORTH

PALM HARBOR, FL 34684

() Change () Addition