2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# P06000113435

Entity Name: COZY CORNER FURNITURE & GIFTS, INC.

Current Principal Place of Business:

2405 E.F. GRIFFIN ROAD
SUITE 9
HIGHLAND CITY, FL 33846 US

New Principal Place of Business:

2405 E.F. GRIFFIN ROAD
SUITE 9
BARTOW, FL 33830 US

Current Mailing Address:

2405 E.F. GRIFFIN ROAD
SUITE 9
HIGHLAND CITY, FL 33846 US

New Mailing Address:

2405 E.F. GRIFFIN ROAD
SUITE 9
BARTOW, FL 33830 US

FEI Number: 20-5476972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIMERS, RHONDA R
3733 HILL STREET
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

DONNA, RICHARDSON G
2405 E.F. GRIFFIN RD
SUITE 9
BARTOW, FL 33830 US

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.

SIGNATURE: DONNA G. RICHARDSON 09/02/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REIMERS, RHONDA R
Address: 3733 HILL STREET
City-St-Zip: LAKELAND, FL 33812 US

Title: VP ( ) Delete
Name: RICHARDSON, MELVIN T
Address: 1711 INVERNESS DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: TREA (X) Delete
Name: REIMERS, FRIEDRICH E
Address: 3733 HILL STREET
City-St-Zip: LAKELAND, FL 33812

Title: SEC (X) Delete
Name: REIMERS, RHONDA R
Address: 3733 HILL STREET
City-St-Zip: LAKELAND, FL 33812 US

Title: D (X) Delete
Name: RICHARDSON, DONNA G
Address: 1711 INVERNESS DRIVE
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RICHARDSON, MELVIN T
Address: 1711 INVERNESS DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: VP (X) Change ( ) Addition
Name: RICHARDSON, DONNA G
Address: 1711 INVERNESS DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DONNA G. RICHARDSON P 09/02/2008
Electronic Signature of Signing Officer or Director Date