2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P35337

1. Entity Name
ADDEN FURNITURE INC.

Principal Place of Business	Mailing Address
26 JACKSON ST. LOWELL, MA 01852	26 JACKSON ST. LOWELL, MA 01852

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3455958
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CTO
NAME	STEVENS, JONATHAN
STREET ADDRESS	710 CHELMSFORD ST
CITY-ST-ZIP	LOWELL, MA 01851
TITLE	AS
NAME	FORSYTHE, WAYNE
STREET ADDRESS	26 JACKSON ST.
CITY-ST-ZIP	LOWELL, MA
TITLE	PD
NAME	GARMON, BEN GARY
STREET ADDRESS	26 JACKSON ST
CITY-ST-ZIP	LOWELL, MA
TITLE	D
NAME	PARKINSON, RONALD A
STREET ADDRESS	710 CHELMSFORD ST
CITY-ST-ZIP	LOWELL, MA 01851
TITLE	DO
NAME	STEVENS, EDWARD B
STREET ADDRESS	710 CHELMSFORD ST
CITY-ST-ZIP	LOWELL, MA 01851
TITLE	DO
NAME	MINER, JOSHUA L
STREET ADDRESS	710 CHELMSFORD ST
CITY-ST-ZIP	LOWELL, MA 01851

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02/18/06-80027-013 158.75

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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: Wayne L Forsythe WAYNE L. FORSYTHE 1/23/06 978-454-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #