


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90052 049 \*\*\*150.00

<b>DOCUMENT # P40546</b> 1. Entity Name <b>ASHLEY FURNITURE INDUSTRIES, INC.</b>					
Principal Place of Business <b>ONE ASHLEY WAY</b> <b>ARCADIA, WI 54612</b>			Mailing Address <b>ONE ASHLEY WAY</b> <b>ARCADIA, WI 54612 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>39-1141201</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB WANEK, RONALD G. 417 KING ST. ARCADIA, WI 54612 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/1 Wagner, Shari W 30656 County Rd JJ Arcadia WI 54612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VOGEL, CHARLES H. E. W 7477 NORTHSORE DR. ONALASKA, WI 54650 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0180D 26 Island Estates Parkway Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOGEL, BEN 2925 WILD ROSE LANE ONALASKA, WI 54650 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WANEK, TODD R W 26921 REIT LANE ARCADIA, WI 54612 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	W 26921 Mesa Ln <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARNESON, DALE 102618 PINE RD ELEVA, WI 54738 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	W 2618 Pine Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RIPPLEY PAULETTE W N27863 COUNTY RD J ARCADIA, WI 54612 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Paullette W. Rippley</i> Assistant Secretary 3/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40050000



03022007 Chg-P CR2E034 (12/06)

4. FEI Number  
39-1141201

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

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

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Attachment H0036676  
\*P40546

# ASHLEY FURNITURE INDUSTRIES, INC.

## Owners, Corporate Officers

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1,2,3      Ronald G. Wanek - Chairman of the Board  
417 King Street  
Arcadia, WI 54612

1,3      Charles H.E. Vogel  
26 Island Estates Parkway  
Palm Coast, FL 32137

1,2,3      Todd R. Wanek - CEO / President  
W 26921 Mesa Lane  
Arcadia, WI 54612

1      Ben Vogel  
2925 Wild Rose Lane  
Onalaska, WI 54650

2      Shari Wagner, Secretary & Treasurer  
W30656 County Road JJ  
Arcadia, WI 54612

2      Paulette W. Rippley - Assistant Secretary  
N27863 County Road J  
Arcadia, WI 54612

2      Dale Barneson - Assistant Treasurer  
W2618 Pine Road  
Eleva, WI 54738

\*      1 - Owner  
2 - Officer  
3 - Board of Directors